

ACCORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
April 1, 1998

PRODUCER
Arthur J. Gallagher & Co.
The Gallagher Centre
Two Pierce Place
Itasca, IL 60143-3141

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

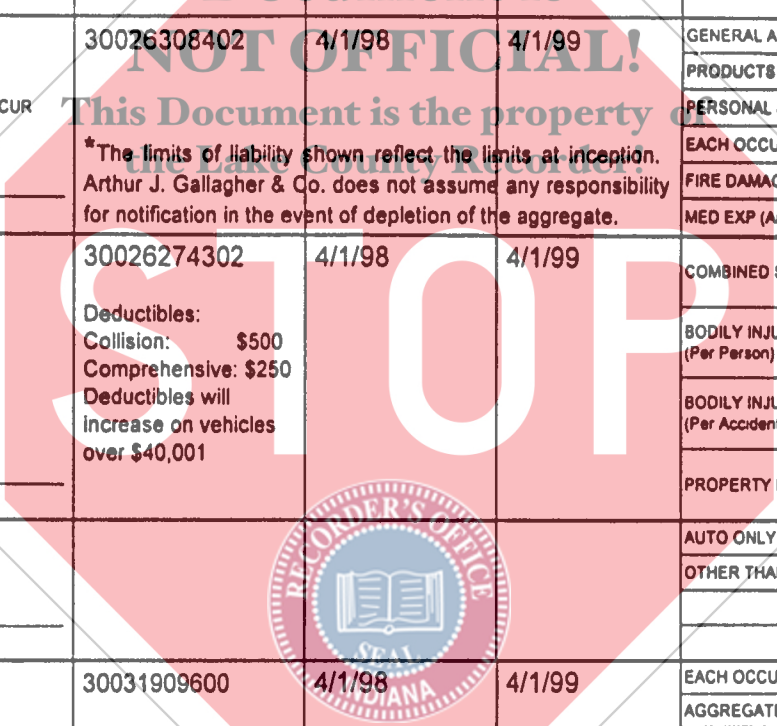
COMPANIES AFFORDING COVERAGE

COMPANY A	Fidelity & Guaranty Insurance Company
COMPANY B	USF&G
COMPANY C	
COMPANY D	

INSURED:
Shambaugh & Son, Inc.; Ed Grace Co.;
Havel Bros.; Guardian Fire Protection; and
Complete Controls
P.O. Box 1287
Fort Wayne, IN 46801

COVERAGES
THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM, OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS' & CONTRACTORS' PROT	30026308402	4/1/98	4/1/99	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any One Fire) \$ 100,000 MED EXP (Any One Person) \$ 5,000
	*The limits of liability shown reflect the limits at inception. Arthur J. Gallagher & Co. does not assume any responsibility for notification in the event of depletion of the aggregate.				
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NONOWNED AUTOS	30026274302	4/1/98	4/1/99	Deductibles: Collision: \$500 Comprehensive: \$250 Deductibles will increase on vehicles over \$40,001 COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY* ANY AUTO AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$				
B	EXCESS LIABILITY* <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	30031909600	4/1/98	4/1/99	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	2300395983 2300379988	4/1/98	4/1/99	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000
	OTHER				



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 APR 21 8:17
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
RE: MECHANICAL, ELECTRICAL, FIRE PROTECTION, WATER TREATMENT FACILITY CONSTRUCTIONS THROUGHOUT THE U.S. FOR WORK PERFORMED DURING THE POLICY YEAR.

CERTIFICATE HOLDER
LAKE COUNTY PLAN COMMISSION
2293 NORTH MAIN STREET
CROWN POINT, IN 46307

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

Ken J. Doyle
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