

ACORD CERTIFICATE OF LIABILITY INSURANCE CSR UPHILL1 DATE (MM/DD/YY) **07/22/99**

PRODUCER
BRIGGS AGENCY, INC.
 4000 West Lincoln Highway
 P.O. Box 10768
 Merrillville IN 46411-0768

Phone No. **800-627-5566** Fax No. **219-769-0216**

INSURED

UP-HILL CONSTRUCTION COMPANY
 Mr. Reuben Hill
 2328 Massachusetts Street
 Gary IN 46407

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 **American States Insurance Co.**

COMPANY B

COMPANY C

COMPANY D

99064619

COVERAGES

THIS IS TO CERTIFY THAT THE 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	01-CD-805184-5	07/01/99	07/01/00	GENERAL AGGREGATE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 500,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 500,000
					FIRE DAMAGE (Any one fire)	100,000
					MED EXP (Any one person)	100,000
					COMBINED SINGLE LIMIT	
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					
	<input type="checkbox"/> ALL OWNED AUTOS					
	<input type="checkbox"/> SCHEDULED AUTOS					
	<input type="checkbox"/> HIRED AUTOS					
	GARAGE LIABILITY					
	<input type="checkbox"/> ANY AUTO					
	EXCESS LIABILITY					
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL				
		<input type="checkbox"/> EXCL				
	OTHER					
B	License Bond	EX-575-833	09/29/98	09/29/99	Lake Co \$5,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Carpentry - Interior

CERTIFICATE HOLDER

LAKE002

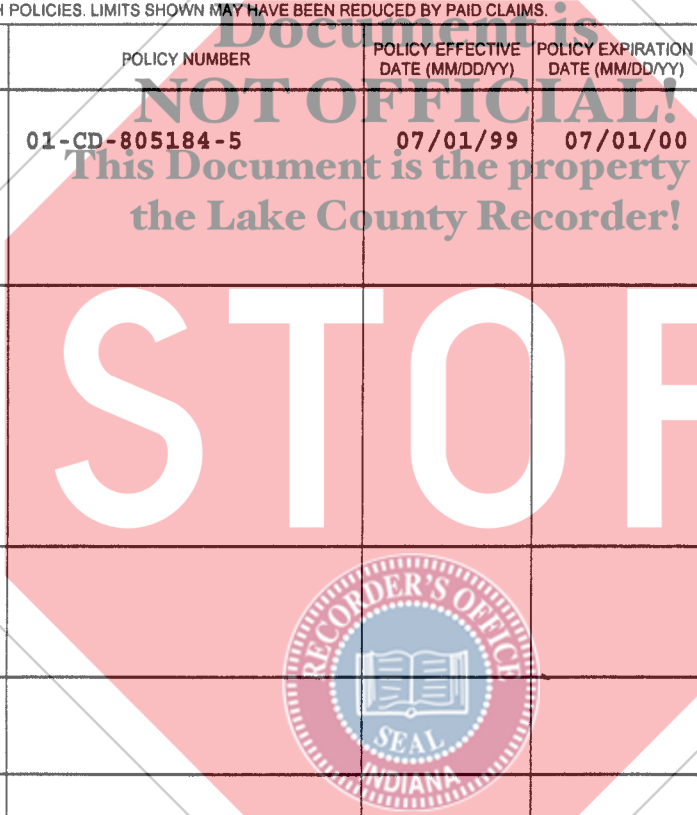
LAKE COUNTY PLANNING COMM.
 Building Department
 2293 North Main Street
 Crown Point IN 46307

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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

[Signature]



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 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
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