

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder: STASH CONSTRUCTION, INC  
 Address of policyholder: 2701 W 45<sup>TH</sup> AVE GARY IN 46408  
 Location of operations: SAME  
 Description of operations: GENERAL CONTRACTOR

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)	
		Effective Date	Expiration Date		
94-LR-6455-2	Comprehensive Business Liability	01/23/08	01/23/09	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>		Each Occurrence	\$ 1,000,000
				General Aggregate	\$ 2,000,000
				Products - Completed Operations Aggregate	\$ 2,000,000
94-EF-0192-3	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
<input checked="" type="checkbox"/> Umbrella		Effective Date	Expiration Date	Each Occurrence	\$ 1,000,000
<input type="checkbox"/> Other		12/10/07	12/10/08	Aggregate	\$ 1,000,000
94-LR-5979-2	Workers' Compensation and Employers Liability	01/23/08	01/23/09	Part 1 STATUTORY Part 2 BODILY INJURY	
				Each Accident	\$ 500,000
				Disease - Each Employee	\$ 500,000
				Disease - Policy Limit	\$ 500,000

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
94-66-8652-9F	INLAND MARINE	12/07/07	12/07/08	\$98,974.00
94-65-9151-5	SURETY BOND	12/31/07	12/31/08	\$ 5,000
F50 0090-E04	ANY AUTO	11/04/07	11/04/08	\$1,000,000

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 10 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder

LAKE COUNTY PLAN COMMISSION  
 2293 N MAIN ST  
 CROWN POINT IN 46307

Signature of Authorized Representative  
 AGENT 12/18/07

Title Date

Agent's Code Stamp  
 AFO Code F576