

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID R3
GENDR-1

DATE (MM/DD/YYYY)
06/27/05

PRODUCER
Tobias Insurance Group, Inc.
9247 N. Meridian St. Ste. 300
Indianapolis IN 46260
Phone: 317-844-7759 Fax: 317-844-9910

INSURED
General Drilling, Inc.
P.O. Box 190
Fishers IN 46038

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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Sturgeon Insurance Companies	0019
INSURER B:	RSUI Indemnity Company	22314
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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, CONDITIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	EXPIRES (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ <input type="checkbox"/> LOC	CLP3203657 (05)	07/01/05	07/01/06	EACH OCCURRENCE: \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE): \$ 100,000 (Any one person): \$ 5,000 MEDICAL & ADV INJURY: \$ 1,000,000 GENERAL AGGREGATE: \$ 2,000,000 PRODUCTS - COMPLETE AGG: \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> BOB EQUIPPED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CAP3213... (05)	07/01/05	07/01/06	COMBINED SINGLE LIMIT (EA ACCIDENT): \$ 1,000,000 MEDICAL & ADV INJURY (EA ACCIDENT): \$ PROPERTY DAMAGE (Per accident): \$ AUTO ONLY - EA ACCIDENT: \$ OTHER THAN AUTO ONLY: EA ACC: \$ AGG: \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> RETENTION	...78 (05)	07/01/05	07/01/06	EACH OCCURRENCE: \$ 2,000,000 AGGREGATE: \$ 2,000,000 \$ \$ \$
A	WORKERS COMPENSATION EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (If yes, describe under SPECIAL PROVISIONS below) OTHER	...321... (05)	07/01/05	07/01/06	<input checked="" type="checkbox"/> WORKERS COMPENSATION - POLICY LIMITS OTHER: \$ EL EACH ACCIDENT: \$ 500,000 EL DISEASE - EA EMPLOYEE: \$ 500,000 EL DISEASE - POLICY LIMIT: \$ 500,000
B	UMBRELLA	...0626 (05)	07/01/05	07/01/06	EACH OCC: \$ 3,000,000 AGGREGATE: \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
ADDITIONAL INSURED [GENERAL LIABILITY]: HANSON BUILDING MATERIALS.

CERTIFICATE HOLDER

[Blank area for Certificate Holder Name]

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

[Signature]