

Westfield Companies

P.O. Box 5001 One Park Circle
Westfield Center, Ohio 44251-5001

**RATING PERIOD
COMMON POLICY DECLARATIONS**

COMPANY PROVIDING COVERAGE

OHIO FARMERS INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

13-00408

PROD.

000

SCHOOL CITY OF HAMMOND
41 WILLIAM STREET
HAMMOND IN 46320

C. B. KNAPP INS. AGCY. INC.
4515 HOHMAN AVE.
HAMMOND IN 46327
TELEPHONE 219-933-0306

Policy Number: CBP 0 594 248

|06|

Policy
Period

From
To

07/01/93
07/01/96

at 12:01 A.M. Standard Time at your
mailing address shown above.

Business:

Named Insured is: Other

In return for the payment of the premium, and subject to all terms of this
policy, we agree with you to provide the insurance as stated in this policy.

Rating Period 07/01/95 - 07/01/96

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS

COMMERCIAL CRIME COVERAGE PART

\$ 1,846.00

Rating Period Premium

\$ 1,846.00

Advance Premium

\$ 1,846.00

The above is a summary of your coverages. For more detail,
please refer to the individual coverage parts inside your policy

95057285

MARGARETTE CLEVELAND
RECORDER

95 SEP 22 PM 3:44

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Forms and Endorsements applicable to all coverage parts:

IL7006 0194*, IL7002 0488 , IL0017 1185 , ID7000 0893 , BD5143 0192 .

COUNTERSIGNED: _____

8-28-95
Date

BY _____

Jessie A. Meyer

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALCULATION OF PREMIUM

This endorsement modifies insurance provided under the following:

	RATE TYPE	
	A	G
BUSINESS AUTO COVERAGE PART	-	-
BOILER AND MACHINERY COVERAGE PART	-	-
COMMERCIAL CRIME COVERAGE PART	-	X
FARM COVERAGE PART	-	-
COMMERCIAL PROPERTY COVERAGE PART	-	-
COMMERCIAL GENERAL LIABILITY COVERAGE PART	-	-
COMMERCIAL INLAND MARINE COVERAGE PART	-	-
UMBRELLA COVERAGE PART	-	-

The following is added:

Definition of Rate Types

If an "X" is shown in the applicable column above, Rate Type A applies to the coverage part. Rate Type A means the premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each rating period of this policy, we will compute the premium in accordance with our rates and rules in effect at the inception of the current rating period.

If an "X" is shown in the applicable column above, Rate Type G applies to the coverage part. Rate Type G means the premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each rating period of this policy, we will compute the premium in accordance with our rates and rules in effect at the inception date of this policy.

SPECIAL NOTE:

Mandated rates and premiums for surcharges, taxes, mine subsidence and other governmental mandated programs will apply regardless of rate type.

IL 70 06 01 94



Westfield Companies

P.O. Box 5001 One Park Circle
Westfield Center, Ohio 44251-5001

RATING PERIOD COMMERCIAL CRIME DECLARATIONS

COMPANY PROVIDING COVERAGE

OHIO FARMERS INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

13-00408

PROD.

000

SCHOOL CITY OF HAMMOND
41 WILLIAM STREET
HAMMOND IN 46320

C. B. KNAPP INS. AGCY. INC.
4515 HOHMAN AVE.
HAMMOND IN 46327
TELEPHONE 219-933-0306

Policy Number: CBP 0 594 248

|06|

Policy From 07/01/93
Period To 07/01/96

at 12:01 A.M. Standard Time at your
mailing address shown above.

Rating Period 07/01/95 - 07/01/96

Rate Type G

Loc Bldg Plan Form

Coverage

Limit of
Insurance

Deductible

001 001

P Public Employee Dishonesty

\$ 25,000

NIL

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

STOP

Total Crime Rating Period Premium

\$ 1,846.00

Forms and Endorsements applicable to this Coverage part:

CR1000 1090 , CR7000 0588 , CR7001 0587 , CR1002 0189 , CR0017 1090 ,
CR1044 0189 , CR1048 0189