

This is to certify that the policies **96023214** have been issued to **98 APR 11 AM 1:13**

- UNITED FARM BUREAU MUTUAL INSURANCE COMPANY
- UFB CASUALTY INSURANCE COMPANY

This certificate does not amend, extend or otherwise alter the terms, conditions or exclusions of such policies.
 Named Insured and Address: **MARGARET L. CLEVELAND**
 Certificate Rec'd by: **RECORDER**

MILUTIN MILJUS
 7429 72ND CT
 HOBART IN 46342

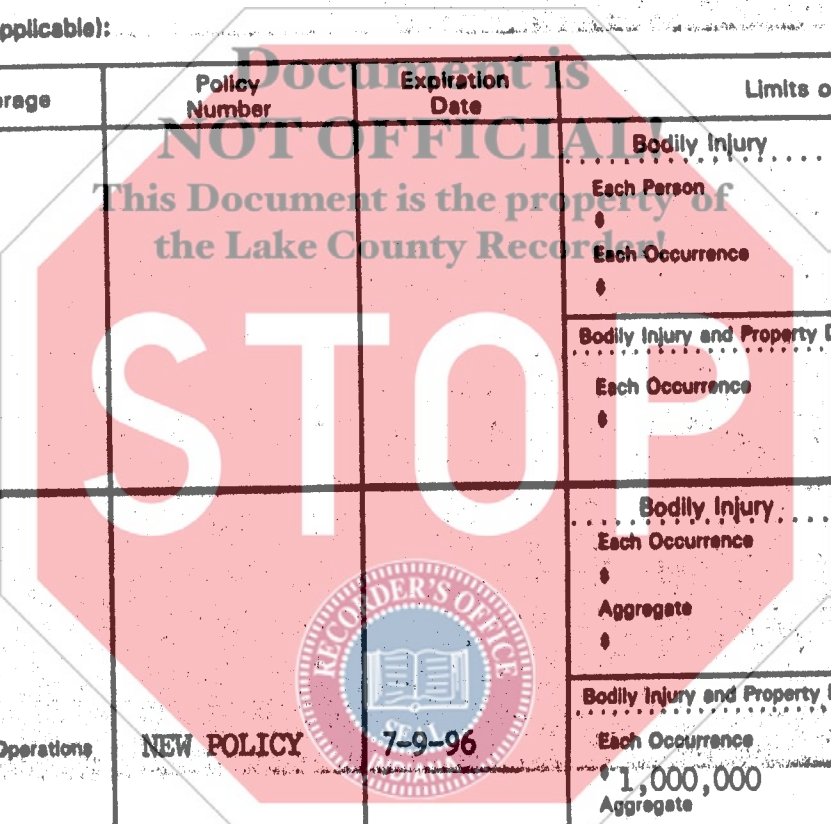
LAKE COUNTY PLANNING COMMISSION
 2293 N MAIN ST
 CROWN POINT IN 46307

Description of Automobile (if applicable):

Description of Operation (if applicable):

Location of Operation (if applicable):

Type of Liability Coverage	Policy Number	Expiration Date	Limits of Liability	
			Bodily Injury	Property Damage
AUTOMOBILE			Each Person	Each Occurrence
			Each Occurrence	
			Bodily Injury and Property Damage Combined Single Limit	
GENERAL LIABILITY Includes:			Each Occurrence	Each Occurrence
			Aggregate	Aggregate
			Bodily Injury and Property Damage Combined Single Limit	
			Each Occurrence	
			Aggregate	
WORKER'S COMPENSATION Only applies to losses covered under the Indiana Worker's Compensation Act. Includes Other States Endorsement.			Statutory	



NEW POLICY 7-9-96

The Company will make every effort to notify the holder of this Certificate of any material change in or cancellation of these policies, but assumes no responsibility for failure to do so.

4-9-96 bk
 Date

[Signature]
 Authorized Representative

[Handwritten initials]
 902