



# CERTIFICATE OF INSURANCE

United Farm Bureau Mutual Insurance Company

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by United Farm Bureau Mutual Insurance Company. 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 coverages afforded by the policies below.

### NAMED INSURED AND MAILING ADDRESS

James R. Terpstra  
dba B & F Pool Service  
728 8th St  
DeMotte, IN 46310

### CERTIFICATE ISSUED TO

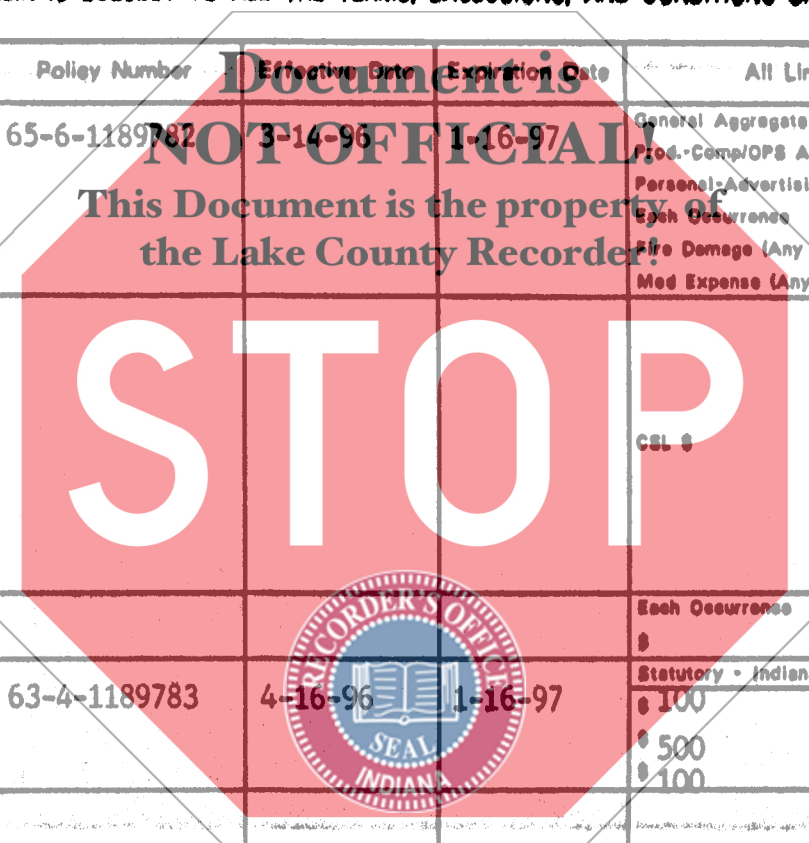
Lake County Building Commissioner  
2293 N Main  
Crown Point, IN 46307

96084

### COVERAGES

THIS IS TO CERTIFY THAT 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.

Type of Insurance	Policy Number	Effective Date	Expiration Date	All Limits in Thousands
<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Owners & Contractors Protect. <input type="checkbox"/> _____ <input type="checkbox"/> _____	65-6-1189782	3-14-96	1-16-97	General Aggregate \$ 2000 Prod.-Comp/OPS Aggregate \$ 2000 Personal-Advertising Injury \$ 1000 Each Occurrence \$ 1000 Fire Damage (Any one fire) \$ 1000 Med Expense (Any one person) \$ 1000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Owned Pvt Pass Autos Only <input type="checkbox"/> Owned Other Than Pvt Pass <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____				Each Occurrence \$ _____ Aggregate \$ _____ Statutory - Indiana (Each Accident) (Disease Policy Limit) (Disease-Each Employee)
<b>UMBRELLA LIABILITY</b>				Each Occurrence \$ _____ Aggregate \$ _____ Statutory - Indiana (Each Accident) (Disease Policy Limit) (Disease-Each Employee)
<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	63-4-1189783	4-16-96	1-16-97	\$ 100 \$ 500 \$ 100
<b>OTHER</b>				



STATE OF INDIANA  
LAKE COUNTY  
RECORDED FOR RECORD  
JAN 23 AM 11:04  
CROWN POINT, INDIANA

### DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

12-23-96

Date

*Todd Wottring*  
Authorized Representative

Only Agency Managers, Assistant Agency Managers and Authorized Home Office personnel may sign the Certificate on behalf of the Company.

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*[Signature]*