

COMMERCIAL CERTIFICATE OF INSURANCE

Issue Date (MM/DD/YY)

06-29-98

AGENCY ART BOSI JR AGENCY
 Name FARMERS INSURANCE GROUP
 &
 Address 280 S SCHMIDT RD
 BOLINGBROOK ILLINOIS 60440
 98051006
 ST. 22 DIST. 04 AGENT 307 7

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 shown below.

COMPANIES PROVIDING COVERAGE:

- COMPANY LETTER **A** TRUCK INSURANCE EXCHANGE
- COMPANY LETTER **B** FARMERS INSURANCE EXCHANGE
- COMPANY LETTER **C** MID-CENTURY INSURANCE COMPANY
- COMPANY LETTER **D** _____

INSURED BLACK RIVER FALLS INC.
 Name
 &
 Address 3515 STERNROAD
 ST CHARLES ILLINOIS 60179

COVERAGES

THIS IS TO CERTIFY THAT 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LTR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	POLICY LIMITS										
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY - OCCURRENCE VERSION CONTRACTUAL INCIDENTAL ONLY OWNERS & CONTRACTORS PROT	60212 31 07	12-17-97	12-17-98	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">GENERAL AGGREGATE</td> <td style="width: 20%; text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>PRODUCTS-COMPOPS AGGREGATE</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>PERSONAL & ADVERTISING INJURY EACH OCCURRENCE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>FIRE DAMAGE (Any one Fire)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>MEDICAL EXPENSE (Any one person)</td> <td style="text-align: right;">\$</td> </tr> </table>	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS-COMPOPS AGGREGATE	\$ 2,000,000	PERSONAL & ADVERTISING INJURY EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any one Fire)	\$	MEDICAL EXPENSE (Any one person)	\$
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A	AUTOMOBILE LIABILITY ALL OWNED COMMERCIAL AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS GARAGE LIABILITY	60212 31 07	12-17-97	12-17-98	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">COMBINED SINGLE LIMIT</td> <td style="width: 20%; text-align: right;">\$ 500.000</td> </tr> <tr> <td>BODILY INJURY (PER PERSON)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (PER ACCIDENT)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>GARAGE AGGREGATE</td> <td style="text-align: right;">\$</td> </tr> </table>	COMBINED SINGLE LIMIT	\$ 500.000	BODILY INJURY (PER PERSON)	\$	BODILY INJURY (PER ACCIDENT)	\$	PROPERTY DAMAGE	\$	GARAGE AGGREGATE	\$
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A	UMBRELLA LIABILITY	60212 31 06	12-17-97	12-17-98	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">LIMIT</td> <td style="width: 20%; text-align: right;">\$ 4,000,000</td> </tr> </table>	LIMIT	\$ 4,000,000								
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A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	A0809 41 15	12-18-97	12-18-98	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">STATUTORY EACH ACCIDENT</td> <td style="width: 20%; text-align: right;">\$ 500,000</td> </tr> <tr> <td>DISEASE-EACH EMPLOYEE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>DISEASE-POLICY LIMIT</td> <td style="text-align: right;">\$</td> </tr> </table>	STATUTORY EACH ACCIDENT	\$ 500,000	DISEASE-EACH EMPLOYEE	\$	DISEASE-POLICY LIMIT	\$				
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DISEASE-POLICY LIMIT	\$														

DESCRIPTION OF OPERATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS:

CERTIFICATE ISSUED TO : THE CITY OF CROWN POINT, CITIES , TOWNS AND MUNICIPALITIES OF CROWN POINT INDIANA

CERTIFICATE HOLDER

Name : CITY OF CRWONN POINT
 &
 Address : 101 N EAST ST
 CROWN POINT IN 46307

CANCELLATION

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

 AUTHORIZED REPRESENTATIVE



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