RATING PERIOD COMMON POLICY DECLARATIONS

COMPANY PROVIDING COVERAGE	OHIO FARMERS			
AKE COUNTY ALCOHOL & DRUG OFFENDER SERVICE 600 W 93RD AVE OFFENDER IN 46307	HAMMOND NAT'L P O BOX 607 HAMMOND IN 463 TELEPHONE 219-	13-00411 CO, INC. 25-0607 931-4000	PROD.	000
Policy Number: CBP 5 255 272 06				
Policy From 02/10/03 Period To 02/10/06	at 12:01 A.M. mailing addres	Standard 3 s shown at	Time at yo Dove.	our
Business:	Named Insur		her	
In return for the payment of the premium policy, we agree with you to provide the	, and subject to insurance as st	all terms ated in th	of this	у.
Rating Period 02/10/04 - 02/10/05				
THIS POLICY CONSISTS OF T	HE FOLLOWING COV	ERAGE PART	rs	
COMMERCIAL CRIME COVERAGE PART TERRORISM INSURANCE COVERAGE FOR FORMS C,D,E,H,Q		\$ \$	226.00 0.00	
Rating Period Premium		\$. ()	
Docum	ent is		400	
NOTOFI	FICIAL!		0	
This Document is		of	0399	
Advance Premium	ty Recorder!	\$	9 9 ²²⁶	.00
CT			ហ	
The above is a summary of you please refer to the individual	r coverages. For coverage parts i	more dets	MOITE OF A LEGY.	SIAR O
TO THE SEA				R RECORD
Forms and Endorsements applicable to all	coverage parts:	0002 PI	NE 1 / 2 0	100
Forms and Endorsements applicable to all IL7006 0194*, IL7002 0488 , IL0017			W W 11:35	OCCUNITY 192 .

PAGE 01 OF 01

IL 70 02 (04-88)

11/23/03

ORIGINAL