



# Westfield Companies

One Park Circle PO Box 5001  
Westfield Center OH 44251-5001

42

## RATING PERIOD COMMON POLICY DECLARATIONS

COMPANY PROVIDING COVERAGE

OHIO FARMERS INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

13-00411

PROD.

000

LAKE COUNTY ALCOHOL & DRUG  
OFFENDER SERVICE  
2600 W 93RD AVE  
CROWN POINT IN 46307

HAMMOND NAT'L CO, INC.  
P O BOX 607  
HAMMOND IN 46325-0607  
TELEPHONE 219-931-4000

Policy Number: CBP 5 255 272

| 06 |

Policy Period From 02/10/06 To 02/10/09

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 the policy, we agree with you to provide the insurance as stated in this policy.

Rating Period 02/10/08 - 02/10/09

### THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS

COMMERCIAL CRIME COVERAGE PART

\$ 0.00

Rating Period Premium

\$ 0.00

Advance Premium

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STOP

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

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2008 SEP 23 AM 10:18  
MICHAEL A. BROWN  
RECORDER

Forms and Endorsements applicable to all coverage parts:

IL7006 0194\*, IL7002 0488, IL0017 1198, ID7000 0893, BD5143 0192.

COUNTERSIGNED:

7/28/08  
Date

BY

*Robert*  
Authorized Representative

N/C  
PB