

Issued by The Stock Insurance Company

Policy Number
S 1743434

SELECTIVE INSURANCE COMPANY OF SOUTH CAROLINA
3426 TORINGDON WAY, CHARLOTTE, NC 28277

COMMERCIAL POLICY COMMON DECLARATION

Named Insured and Address LAKE DALECARLIA REGIONAL WASTE 15901 BRIARGATE ST LOWELL, IN 46356-1397	Policy Period From: JULY 28, 2008 To: JULY 28, 2009 12:01 A.M Standard Time At Location of Designated Premises
Named Insured is: CORPORATION	Producer Number: 00-13024-00000
Producer: THE PFENNINGER AGENCY INC INDIANA	

Schedule of Coverage

- COMMERCIAL PROPERTY COVERAGE
- COMMERCIAL GENERAL LIABILITY COVERAGE
- COMMERCIAL AUTOMOBILE COVERAGE
- COMMERCIAL UMBRELLA COVERAGE
- PUBLIC OFFICIAL LIABILITY
- COMMERCIAL CRIME COVERAGE

2008 067512

2008 SEP 29 AM 10:30

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



PREMIUM INCLUDES TERRORISM COVERAGE \$283.00

In return for payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance indicated in the schedule above. Insurance is provided only for those coverages for which a specific limit is shown on the attached coverage declaration(s).

PAYMENT METHOD D/B - 10	Total Policy Premium \$9,957.00 (This premium may be subject to adjustment.)
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Date Issued: JULY 28, 2008 Issuing Office: HEARTLAND REGION	Authorized Representative _____
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HL-7025 (11-89)

AGENT'S COPY

Handwritten initials

SCHEDULE OF LOCATIONS

Policy Effective Date: JULY 28, 2008

Schedule Effective Date: JULY 28, 2008

Prem. No.	Location	Bldg. No.	Occupancy
1	15901 BRIARGATE LOWELL, IN 46356	1	OFFICE/LAB
2	R15901 BRIARGATE PLACE LOWELL, IN 46356	1	SHOP
3	4820A MAIN ST. LOWELL, IN 46356	1	TREATMENT PLANT
4	7000 W 159TH AVE. LOWELL, IN 46356	1	METERING STATIO
5	5804 W. 154TH AVE LOWELL, IN 46356	1	LIFT STATION
6	1086A N LAKEVIEW LOWELL, IN 46356	1	LIFT STATION



Previous Policy Number
S 1743434

Policy Number
S 1743434

COMMERCIAL CRIME COVERAGE DECLARATION

Policy Effective Date: JULY 28, 2008 Coverage Effective Date: JULY 28, 2008

Business of Named Insured: WASTE WATER DISTRICT

Insurance is provided only for those coverages which are shown in the following coverage schedule.

Coverage Schedule

Coverage Form	Coverage	Limit	Deductible
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	EMPLOYEE THEFT - SCHEDULED	SEE CR0408	
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Forms and Endorsements:
Refer to "Commercial Policy Forms and Endorsement Schedule"

Premium Amount
\$250.00
(This premium may be subject to adjustment.)

EMPLOYEE THEFT — NAME OR POSITION SCHEDULE

POLICY NUMBER: S 1743434

CRIME AND FIDELITY
CR 04 08 05 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

- COMMERCIAL CRIME COVERAGE FORM
- COMMERCIAL CRIME POLICY
- EMPLOYEE THEFT AND FORGERY POLICY
- GOVERNMENT CRIME COVERAGE FORM
- GOVERNMENT CRIME POLICY

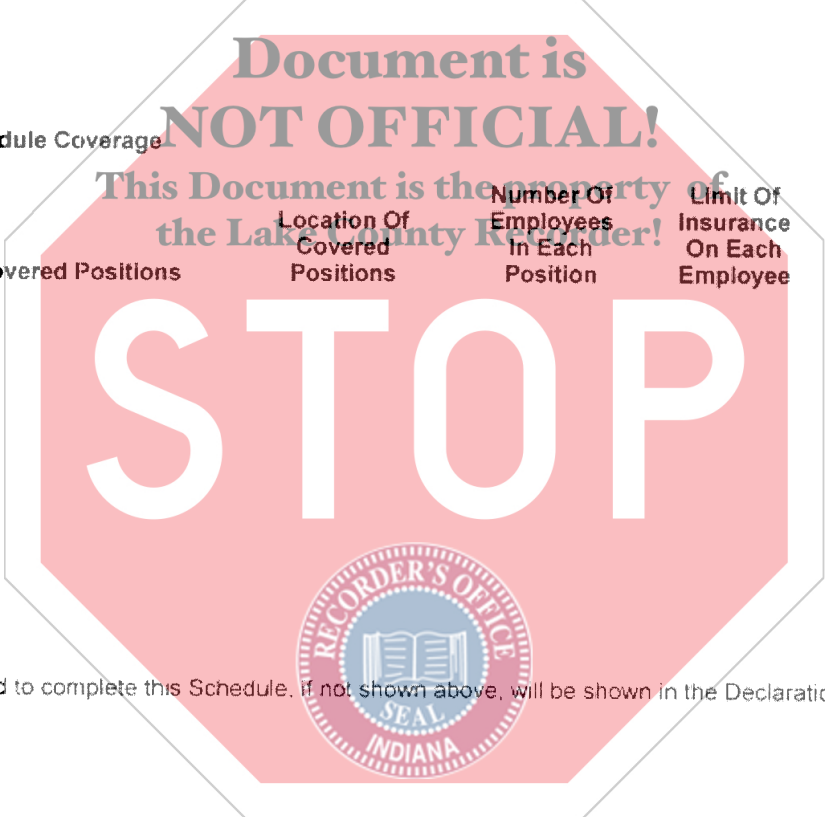
SCHEDULE

Name Schedule Coverage

Item No.	Names Of Covered Employees	Limit Of Insurance On Each Employee	Deductible Amount On Each Employee
	CLASS II EMPLOYEES	10000	250

Position Schedule Coverage

Item No.	Title Of Covered Positions	Location Of Covered Positions	Number Of Employees In Each Position	Limit Of Insurance On Each Employee	Deductible Amount On Each Employee



Information required to complete this Schedule, if not shown above, will be shown in the Declaration.