

NAMED INSURED AND ADDRESS:

MCGRATH REFRIGERATION INC
2520 S US HWY 35
KNOX, IN 46534

CERTIFICATE ISSUED TO:

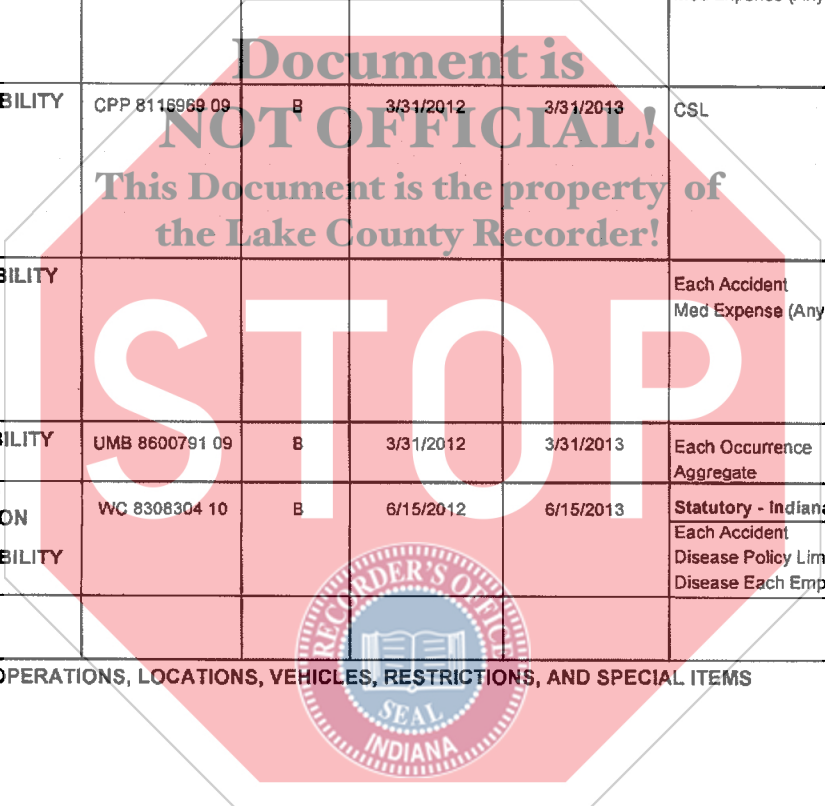
Lake County Recorder
2293 N Main St
Crown Point, IN 46307

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by

UFB CASUALTY INSURANCE COMPANY **UNITED FARM FAMILY MUTUAL INSURANCE COMPANY**

The policies of insurance listed on this certificate 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 is subject to all terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims. This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

Type of Insurance	Policy Number	Company (A/B)	Effective Date	Expiration Date	All Limits in Thousands	
COMMERCIAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/>	CPP 8116969 09	B	3/31/2012	3/31/2013	General Aggregate	\$ 2,000
					Prod.-Comp/OPS Aggregate	\$ 2,000
					Personal-Advertising Injury	\$ 1,000
					Each Occurrence	\$ 1,000
					Fire Damage (Any one fire)	\$ 100
					Med Expense (Any one person)	\$ 5
FARM LIABILITY <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence <input type="checkbox"/>					Each Occurrence	\$
					Med Expense (Any one person)	\$
COMM. AUTO LIABILITY <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/>	CPP 8116969 09	B	3/31/2012	3/31/2013	CSL	\$ 1,000
FARM AUTO LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>					Each Accident	\$
					Med Expense (Any one person)	\$
UMBRELLA LIABILITY <input type="checkbox"/>	UMB 8600791 09	B	3/31/2012	3/31/2013	Each Occurrence	\$
					Aggregate	\$ 1,000
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/>	WC 8308304 10	B	6/15/2012	6/15/2013	Statutory - Indiana	\$
					Each Accident	\$ 500
					Disease Policy Limit	\$ 500
					Disease Each Employee	\$ 500
OTHER <input type="checkbox"/>						\$



012
 041389
 2012 JUN 22 AM
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR REC
 MICHAEL FA
 RECORDER

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

12.00
35664
4N
HOLLCOMF

If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this Certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Should any of the described policies be canceled before the expiration date, the issuing insurer will make an effort to notify the certificate holder named, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

05/30/2012 David Musselman 574-946-3421
 Date Agent Phone
 06-996 12-06 05/30/2012 Certificate Holder's Copy Home Office Copy Agency Copy Insured's Copy