

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID LG  
INDIC01

DATE (MM/DD/YYYY)

03/27/09

**PRODUCER**  
  
Jack Swanson Agency  
POB 127  
Ashton IL 61006  
Phone: 815-453-2424 Fax: 815-453-7312

**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 BELOW**

**INSURED**  
  
Indian Creek Recreation  
P.O. Box 356  
Shabbona IL 60550

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Nationwide Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

RISK ADD'L LTR	INSRI	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b>	(EXCESS PLS) 502-95-09331	05/06/09	05/06/10	EACH OCCURRENCE \$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 25,000
		<input checked="" type="checkbox"/> <b>Pers. Injury</b>				PERSONAL & ADV INJURY \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		<b>AUTOMOBILE LIABILITY</b>				
		<input type="checkbox"/> ANY AUTO				
		<input type="checkbox"/> ALL OWNED AUTOS				
		<input type="checkbox"/> SCHEDULED AUTOS				
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		<b>GARAGE LIABILITY</b>				
		<input type="checkbox"/> ANY AUTO				
		<b>EXCESS/UMBRELLA LIABILITY</b>				
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				
		<input type="checkbox"/> DEDUCTIBLE				
		<input type="checkbox"/> RETENTION \$				
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				
		If yes, describe under SPECIAL PROVISIONS below				
		<b>OTHER</b>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**\$25,000 Maximum Medical Expense. \$100.00 Deductible. \$15,000 Death and Specific Loss Benefit.**

**CERTIFICATE HOLDER**  
  
**FARMERS**  
  
Farmers & Traders Bank  
Karen Nolan  
203 Comanche  
Shabbona IL 60550

**CANCELLATION**  
  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
  
AUTHORIZED REPRESENTATIVE  
**Dave Herrmann**