

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 02/19/08
PRODUCER	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 SAMPLE	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A:	
	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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS					
A		GENERAL LIABILITY	XXX-XXX	XX/XX/XXXX	XX/XX/XXXX	EACH OCCURRENCE	\$1,000,000				
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000				
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$5,000				
						PERSONAL & ADV INJURY	\$1,000,000				
						GENERAL AGGREGATE	\$2,000,000				
						PRODUCTS - COMP/OP AGG	\$2,000,000				
		GEN'L AGGREGATE LIMIT APPLIES PER:									
		<input checked="" type="checkbox"/> POLICY				<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY									
		<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$		
<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)	\$				
<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$				
<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$				
<input type="checkbox"/> NON-OWNED AUTOS											
GARAGE LIABILITY											
<input type="checkbox"/> ANY AUTO						AUTO ONLY - EA ACCIDENT	\$				
						OTHER THAN EA ACC	\$				
						AUTO ONLY: AGG	\$				
EXCESS/UMBRELLA LIABILITY											
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE						EACH OCCURRENCE	\$				
						AGGREGATE	\$				
							\$				
							\$				
							\$				
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	XXXX-XXX	XX/XX/XXXX	XX/XX/XXXX	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below						E.L. EACH ACCIDENT	\$100,000				
						E.L. DISEASE - EA EMPLOYEE	\$100,000				
						E.L. DISEASE - POLICY LIMIT	\$500,000				
A		OTHER LIQUOR LIABILITY	XXXX-XXX	XX/XX/XXXX	XX/XX/XXXX		1,000,000/ Per Occ				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
All operations of the insured - Additional Insured: Clabber Girl Corporation/Hulman & Company 900 Wabash Avenue, Terre Haute, IN 47807

 Event Date: XX/XX/XXXX

CERTIFICATE HOLDER Clabber Girl Corporation 900 Wabash Avenue Terre Haute, IN 47807	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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
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