Company Name NATIONAL INDEMNITY COMPANY

CERTIFICATE OF INSURANCE

3024 Harney Street • Omaha, Nebraska 68131-3580

This certificate of insurance is NOT an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. 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 which may substantially limit coverage. Where reference is made to an Aggregate Limit, those limits are Company's maximum liability under the Policy for the entire policy period regardless of the number of insureds, claimants or occurrences.

Date 06-08-10 JMH

NAME OF INSURED ABC RECOVERY, CIB AGENCY /DBA

P.O. ADDRESS 6363 S. CR 150 E. GREENSBURG, IN 47240

POLICY NUMBER	KINDS OF INSURANCE	LIMITS	EFFECTIVE	EXPIRES
	COMMERCIAL GENERAL LIABILITY ☐ Occurrence Form ☐ Claims-Made Form Coverages ☐ Premises-Operations ☐ Products/Completed Operations ☐ Other (Specify) _____ General Aggregate Limit Products-Completed Operations Aggregate Limit Personal & Advertising Injury Limit Each Occurrence Limit Fire Damage Limit (Any One Fire) Medical Expense Limit (Any One Person) Aggregate Limit on Claims Expenses	$ _____ $ _____ $ _____ $ _____ $ _____ $ _____ $ _____		to
70AP200143	AUTOMOBILE LIABILITY Bodily Injury Each Person Each Accident Property Damage Each Accident Bodily Injury and Property Damage Combined Single Limit	$ _____ $ _____ $ _____ $ 1,000,000	04-29-10	to 04-29-11
	GARAGE LIABILITY Bodily Injury and Property Damage Auto Only Other than Auto Combined Single Limit $ _____ $ _____ Aggregate Limit $ _____ Garagekeepers Insurance ☐ Legal Liability $ _____ ☐ Direct Excess $ _____ ☐ Direct Primary $ _____			to
	EXCESS LIABILITY ☐ Automobile ☐ General Liability Name of Primary Insurer: _____ Primary Limits $ _____ Excess Limits $ _____ General Aggregate Limit $ _____ ☐ Aggregate Limit inclusive of Claims Expenses			to
	Workers Compensation Employer's Liability	$ Statutory Limits $		to
70AP200143	Other PHYSICAL DAMAGE: $1,000 COMP DED, $1,000 COLL DED.		04-29-10	to 04-29-11

DESCRIPTION OF OPERATIONS/VEHICLES

REPOSSESSORS

In the event of any material change in or cancellation of said policies, the COMPANY intends to, but is not obligated to, notify the party to whom this Certificate is addressed of such change or cancellation, and COMPANY undertakes no responsibility by reason of any failure to do so.

By _____

Title OWNER

M-100j (4/91)

NOTE TO AGENT - Mail Copy to Home Office Immediately