

**ALLSTATE INSURANCE COMPANY
ALLSTATE INDEMNITY COMPANY**

HOME OFFICE
 NORTHBROOK, ILLINOIS

hereby certifies that the following automobile insurance is in force:

Policy Number _____
Name of Insured _____
Address _____

Description of
the Automobile _____

For Office
use only

The person or organization designated below is described in the policy as:

~~LIENHOLDER~~
~~(Loss Payable Clause)~~ **Selah Community Days Association**

ADDITIONAL
INTERESTED PARTY (↔) **City of Selah**

~~OTHER~~ **Washington State Highway Department**

COVERAGES AND LIMITS INDICATED BELOW BY AN "X" IN THE INCLUDED COLUMN IS AFFORDED FOR ABOVE DESCRIBED VEHICLE:

COVERAGES	LIMITS OF LIABILITY	INCLUDED	COVERAGES	LIMITS OF LIABILITY	INCLUDED
A/AA BODILY INJURY LIABILITY Each Person Each Occurrence	\$ 250,000 \$ 500,000	<input checked="" type="checkbox"/>	VA _____ PERSONAL INJURY PROTECTION	,000	<input type="checkbox"/>
B/BB PROPERTY DAMAGE LIABILITY Each Occurrence	\$ 100,000	<input checked="" type="checkbox"/>	_____ SUPPLEMENTAL STATUTORY COVERAGE	,000	<input type="checkbox"/>
D/DD AUTOMOBILE COLLISION A.C.V. less _____ <input type="checkbox"/> Dim. Ded.		<input type="checkbox"/>	SS _____ Uninsured BI Underinsured Motorists	,000 ,000	<input type="checkbox"/>
H RR AUTOMOBILE COMPREHENSIVE R	<input type="checkbox"/> A.C.V. <input type="checkbox"/> A.C.V. less _____	<input type="checkbox"/>	PD	,000	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

The Loss Payable Clause of such policy provides:

"The company reserves the right to cancel such policy at any time as provided by its terms, but in such case the company shall notify the Lienholder when not less than ten days thereafter such cancellation shall be effective as to the interest of said Lienholder therein and the company shall have the right, on like notice, to cancel this agreement."

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy referred to above.

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CERTIFICATE OF INSURANCE

DATE OF CERTIFICATE _____

POLICY PERIOD: This policy is effective

12:01 A.M. Standard Time

ALLSTATE
NOB HILL BLVD.
YAKIMA — WA 98902

AGENT
PRODUCER OF RECORD
NAME OF BROKER