

CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, or
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

Named Insured _____

Address of Named Insured _____

POLICY NUMBER				
EFFECTIVE DATE OF POLICY				
DESCRIPTION OF VEHICLE				
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	\$250,000			
Each Accident	\$500,000			
b. Property Damage Each Accident	\$100,000			
c. Bodily Injury & Property Damage Single Limit Each Accident				
PHYSICAL DAMAGE COVERAGES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Comprehensive	\$ 100 Deductible	\$ _____ Deductible	\$ _____ Deductible	\$ _____ Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 250 Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature of Authorized Representative
 Name and Address of Certificate Holder

Title

Agent's Code Number
 Name and Address of Agent

Date

Selah Community Days Association
 City or Selah
 Washington State Highway Department
 P.O. Box 783
 Selah, WA 98942

STATE FARM INSURANCE
 TIETON DRIVE
 YAKIMA, WA 98908