







# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/22/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

<b>PRODUCER</b> Gibson Insurance Agency, Inc. 130 S Main St, Ste 400 PO Box 11177 South Bend IN 46601-0177	<b>CONTACT NAME:</b> Stephen Swihart <b>PHONE (A/C, No, Ext):</b> (800) 814-2122 <b>E-MAIL ADDRESS:</b> sswihart@gibsonins.com <b>PRODUCER CUSTOMER ID:</b> 00003140	<b>FAX (A/C, No):</b> (800) 836-2122
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> 1. City of South Bend and Any Subsidiary 227 W Jefferson Blvd Dept of Admin & Finance South Bend IN 46601	<b>INSURER A:</b> Lexington Ins Co	19437
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 18/19 Prop      **REVISION NUMBER:**


**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Loc# 00001: Dept. of Admin. & Finance 1200 N County-City Building South Bend IN 46601  
 See Attached Overflow Pages

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> <b>PROPERTY</b>	017471589/05	07/01/2018	07/01/2019	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING	BUSINESS INCOME	\$
	BROAD				CONTENTS	EXTRA EXPENSE	\$
	SPECIAL					RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$
	WIND					BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Equipment				50,000	<input checked="" type="checkbox"/> Per occurrence	\$ 25,000,000
							\$
	<b>INLAND MARINE</b>	TYPE OF POLICY			\$		
	CAUSES OF LOSS	POLICY NUMBER			\$		
	NAMED PERILS				\$		
	<b>CRIME</b>				\$		
	TYPE OF POLICY				\$		
	<b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>				\$		
					\$		
					\$		

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Wells Fargo Bank Indiana, N.A. is named as Mortgagee with respects to 701 W Sample St, South Bend IN (Municipal Services) and 5303 York Road, South Bend, IN (Fire Station #10) City of South Bend Building Corporation

<b>CERTIFICATE HOLDER</b>  Wells Fargo Bank N.A. MAC N8622-033 111 E Wayne St Fort Wayne IN 46802	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**OFFICER'S CERTIFICATE**

Reference is made to the Mortgage and Trust Indenture dated as of May 1, 2001 (the "Governing Document"), between the City of South Bend Building Corporation, a not-for-profit corporation organized and existing under the laws of the State of Indiana, as amended, and Wells Fargo Bank, N.A., as trustee (the "Trustee").

The undersigned officer hereby certifies to the Trustee that:

- i. I have read all relevant sections of the Governing Documents relating to insurance and the definitions relating thereto;
- ii. I have made such examination or investigation as is necessary or appropriate in order to make the statements contained herein;
- iii. I have made such examination or investigation as is necessary to enable me to express an informed opinion as to whether or not the terms, conditions and covenants in the Governing Documents with respect to insurance matters have been complied with; and
- iv. Based on examination and review of the Governing Documents all of the terms, conditions and covenants set forth in the Governing Documents as they relate to Insurance matters have been satisfied and are in full force and effect.

IN WITNESS WHEREOF, the undersigned has executed this Officer's Certificate

This \_\_\_\_ day of \_\_\_\_\_.

CITY OF SOUTH BEND  
BUILDING CORPORATION

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_