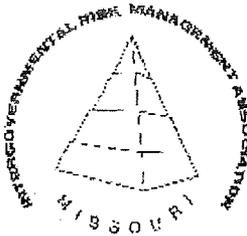


# Proof of Insurance

Received  
APR 16 2008  
SWMP



## CERTIFICATE OF INSURANCE

**CERTIFICATE HOLDER**

East Central Missouri Solid Waste Management District  
111 Steinhagen  
P. O. Box 429  
Warrenton, MO 63383  
Certificate Holder ID # EASCE02

**NAME AND ADDRESS OF INSURED**

City of Union  
As participants in Missouri Intergovernmental Risk Management  
Association  
500 East Locust Street  
Union, MO 63084

**INSURING COMPANY**

MIRMA  
Lexington Ins. Company  
Lexington Ins. Company  
RSUI Indemnity Company

**POLICY NUMBER**

Self-Insured  
1115987  
7369707  
NHT352853

**EXPIRATION**

7/1/08  
7/1/08  
7/1/08  
7/1/08

<u>Type of Insurance</u>	<u>Perils Covered</u>	<u>Limit Per Occurrence</u>	<u>Deductible Per Occurrence</u>
General Liability	Comprehensive	\$1,000,000 (CSL BI/PD)	None
Property	Special Form, EQ and Flood	(*)	\$1,000

(\* Values to be determined at time of loss)

**Description:** Evidence of coverage in force. RE: Financial Assistance Agreement for a Chipper Shredder. Contract Term: 12/1/2007 to 11/30/2008.

**Conditions:**

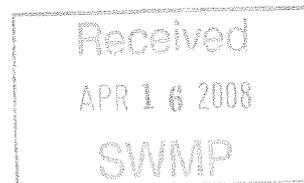
Cancellation: Should any of the above-described policies be cancelled before the expiration date thereof, the insurer affording coverage will endeavor to mail 30 days' written notice to the Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents, representatives or the issuer of this certificate.

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 listed above.

**Date of Issuance:** 3/26/08

**Lockton Companies**

By: S. Whitaker Payer



File Number: 20080025510E  
 Date Filed: 03/07/2008 09:16 AM  
 Robin Carnahan  
 Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] <b>Rost, Russell L.</b> (636) 583-3600	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) <b>Russell Rost</b> <b>500 East Locust Street</b> <b>Union MO 63084</b> <b>E-Mail: rrost@ci.union.mo.us Fax: (636) 583-4091</b>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME

1a. ORGANIZATION'S NAME <b>City of Union, Missouri</b>						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS <b>500 East Locust St.</b>			CITY <b>Union</b>	STATE <b>MO</b>	POSTAL CODE <b>63084</b>	COUNTRY <b>USA</b>
1e. TYPE OF ORGANIZATION <b>Municipal Government</b>		1f. JURISDICTION OF ORGANIZATION <b>Corporate Limits of Union, Missouri</b>		1g. ORGANIZATIONAL ID # <b>None</b> <input type="checkbox"/> None		

1. SECURED PARTY'S NAME

2a. ORGANIZATION'S NAME <b>East Central Solid Waste Management District</b>						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS <b>Post Office Box 429</b>			CITY <b>Warrenton</b>	STATE <b>MO</b>	POSTAL CODE <b>63383</b>	COUNTRY <b>USA</b>

This FINANCING STATEMENT covers the following collateral:

Carlton Model 1790, 9" Capacity Brush Chipper,  
 Serial Number 1J9WF011271167503  
 Kubota 88HP Motor Serial Number 6W1356

Received  
 APR 16 2008  
 SWMP

5. ALTERNATE NAME DESIGNATION  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  NON-UCC

This FINANCING STATEMENT is to be filed[for record] (or recorded) in the REAL ESTATE RECORDS.

8. OPTIONAL FILER REFERENCE DATA

1

PART TWO. This declaration page with "Policy Provisions - Part One" completes the below numbered policy.

DRAKE-BEEMONT MUTUAL INS CO 06-061  
 110 N FIRST ST  
 OWENSVILLE MO 65066-1302  
 573-437-4625

POLICY NUMBER 061	E 09203
RENEWAL OR REPLACEMENT OF NO. NEW	

INSURED'S NAME AND MAILING ADDRESS

AGENT 06106

BEAUFORT FEED STORE INC  
 P O BOX 243  
 BEAUFORT MO 63013

DEBORAH S RAAF  
 2109 HOLLANDER RD  
 GERALD MO 63037-1421  
 AGENT #060610006  
 573-764-2548

LN# 80451356&58

573-484-3280

9-27-07

9-27-08

8-02-07

POLICY TERM: 12:01 A.M. STANDARD TIME AT LOCATION OF PROPERTY DESCRIBED.

EFFECTIVE DATE

EXPIRATION DATE

DATE ISSUED

LOCATION OF PROPERTY COVERED	COUNTY	SEC	TWN	RGE	6541 HWY 185 BEAUFORT MO
	FRANKLIN	31	43	2W	

INSURANCE IS PROVIDED AGAINST ONLY THOSE PERILS AND FOR ONLY THOSE COVERAGES INDICATED BELOW BY A CHARGE AND AGAINST OTHER PERILS AND FOR OTHER COVERAGES ONLY WHEN ENDORSED HEREON OR ADDED HERETO.

1	50,000	411	STORE BUILDING 80X44 W/SCALE	19X43	.500	.250	375.00
2		99	9,000 BUSHEL BIN (EXCLUDE 14X23				
3		99	ADDITION				
4	15,000	461	WAREHOUSE 60X42, 42X46, 8X6 +	42X24	.500	.250	112.50
5		99	INCLUDING 4,000 & 1,500 BUSHEL				
6		99	BIN				
7	15,000	461	FERTILIZER SHED	74X56	.500	.250	112.50
8	25,000	421	BUSINESS PERSONAL PROPERTY		.500	.250	187.50
9		99	IN STORE BUILDING				
10	25,000	421	BUSINESS PERSONAL PROPERTY		.500	.250	187.50
11		99	IN WAREHOUSE				
12	15,000	421	BUSINESS PERSONAL PROPERTY		.500	.250	112.50
13		99	IN FERTILIZER BUILDING				
14		55	VANDALISM & MALICIOUS MISCHIEF				58.00
15		28	CERTIFIED ACTS OF TERRORISM				
16		29	(\$0 ASSESSMENT CHARGE)				
17		18	\$1000 DEDUCTIBLE				171.83-

491.84 BILLED SEMI-ANNUALLY

AMOUNT OF INSURANCE

TOTAL PREMIUM

145,000

553.17

420.50

973.67

UNITED BK OF UNION C/O MGA  
 HAZARD TRACKING PO BOX 2217  
 RESTON VA 20195  
 LN#80451356&80451358

SUBJECT TO FORM NO. ATTACHED HERETO:  
 RC175 7-90 RC660697 1-95 BY-LAWS 5-05  
 GMRC2255 1-01 RC354MO 6-02  
 RC365 1-07 RC353 8-02 RC372 1-04  
 GMRC1960MO 1-06

U S BANK NA  
 P O BOX 337  
 WASHINGTON MO 63090  
 #538817-26  
 (ON INVENTORY ONLY)

*Patricia L. Hickman*

COUNTER SIGNATURE DATE 8-6-07 COUNTERSIGNED BY

2004-174



**CERTIFICATE OF INSURANCE**

**CERTIFICATE HOLDER**

East Central Missouri Solid Waste Management District  
 111 Steinhagen Street  
 Warrenton, MO 63383  
 Certificate Holder ID # EASCE01

**NAME AND ADDRESS OF INSURED**

City of Washington  
 As participants in Missouri Intergovernmental Risk Management  
 Association  
 405 Jefferson Street  
 Washington, MO 63090

**INSURING COMPANY**

M. RMA  
 Genesis Ins. Company  
 Midwest Employers Casualty Company  
 Lexington Ins. Company  
 Lexington Ins. Company  
 RSUI Indemnity Company

**POLICY NUMBER**

Self-Insured  
 YXB300403K  
 EWC007265  
 1115987  
 7369707  
 NHT352853

**EXPIRATION**

7/1/08  
 7/1/08  
 7/1/08  
 7/1/08  
 7/1/08  
 7/1/08

<u>Type of Insurance</u>	<u>Perils Covered</u>	<u>Limit Per Occurrence</u>	<u>Deductible Per Occurrence</u>
General Liability	Comprehensive	\$2,000,000 (CSL BI/PD)	None
Auto Liability	Comprehensive	\$2,000,000 (CSL BI/PD)	None
Auto Physical Damage		(*)	\$1,000
Workers' Compensation	Statutory		None
Property	Special Form, EQ and Flood	(*)	\$1,000

(\* Values to be determined at time of loss)

Description: Evidence of coverage in force. RE: Final release of grant funds

**Conditions:**

Cancellation: Should any of the above-described policies be cancelled before the expiration date thereof, the insurer affording coverage will endeavor to mail 30 days' written notice to the Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents, representatives or the issuer of this certificate.

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 listed above.

Date of Issuance: 12/14/07

Lockton Companies

By: S. Whitaker Payer



RENEWAL

2004-176

EFFECTIVE DATE: 11/01/2006

Policy Number: CBP 8092717		Prior Policy: 8092717	
Billing Type: DIRECT BILL			
Coverage Is Provided In THE NETHERLAND INSURANCE COMPANY-A STOCK COMPANY			
Named Insured and Mailing Address: LOVELACE FARMS INC 88 FORREST KEELING LN ELSBERRY MO 63343		Agent: CHARLES L CRANE AGENCY 100 S 4TH ST SAINT LOUIS MO 63102-1800	
REFER TO NAMED INSURED SCHEDULE		Agent Code: 3201165	Agent Phone: (314)-241-8700

COMMON POLICY DECLARATIONS

In return for the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

POLICY PERIOD: From : 11/01/2006 To: 11/01/2007 at 12:01 AM Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION

BUSINESS DESCRIPTION: NURSERY

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

	PREMIUM
Commercial Property Coverage Part	\$ 9,520.00
Commercial Inland Marine Coverage Part	\$ 2,423.00
Commercial General Liability Coverage Part	INCLUDED
Total Premium for all Liability Coverage Parts	\$ 3,418.00
Terrorism Risk Insurance Act of 2002 and 2005 Coverage	REJECTED *
*If rejected and Commercial Property, Inland Marine and/or coverage for Farm property is provided by this policy, in certain states mandatory fire coverage is provided at no additional premium.	
<b>Total Policy Premium</b>	<b>\$ 15,361.00</b>

FORMS AND ENDORSEMENTS

Forms and Endorsements made a part of this policy at time of issue: Applicable Forms and Endorsements are omitted if shown in specific Coverage Part/Coverage Form Declarations

Form Number	Description
IL0003	- 0702 CALCULATION OF PREMIUM
J17	- 1198 COMMON POLICY CONDITIONS
IL0101	- 0805 MISSOURI CHANGES



COMMON POLICY DECLARATIONS (continued)

FORMS AND ENDORSEMENTS

Forms and Endorsements made a part of this policy at time of issue:  
Applicable Forms and Endorsements are omitted if shown in specific Coverage Part/Coverage Form Declarations

Form Number	Description
IL0105	- 0702 MISSOURI CHANGES - POLLUTION
IL0274	- 0702 MISSOURI CHANGES - CANCELLATION AND NONRENEWAL
IL0956	- 1102 EXCLUSION OF CERTIFIED ACTS AND OTHER ACTS OF TERRORISM
IL0995	- 0504 CONDITIONAL EXCLUSION OF TERRORISM
17-58	- 0694 NAMED INSURED SCHEDULE
IL0021	- 0702 NUCLEAR ENERGY LIABILITY EXCLUSION (BROAD FORM)
CG2625	- 0405 MISSOURI CHANGES - GUARANTY ASSOCIATION
CG2187	- 0504 CONDITIONAL EXCLUSION OF TERRORISM
CG2175	- 1202 EXCLUSION OF CERTIFIED ACTS OF TERRORISM
CM0118	- 0405 MISSOURI CHANGES

CHAS. L. CRANE AGENCY CO.  
BY  
*W. Elliot B...*

Countersigned: By \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Includes copyrighted material of Insurance Services Office, Inc. with its permission. Copyright, Insurance Services Office, Inc. 1982,1983, 1984, 1985.

Date Issued: 11/01/2006

Policy Number: CBP 8092717

Coverage is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY

Named Insured:

LOVELACE FARMS INC

Agent:

CHARLES L CRANE AGENCY

REFER TO NAMED INSURED SCHEDULE

Agent Code: 3201165

Agent Phone: (314)-241-8700

### EQUIPMENT SCHEDULE

(The information required below may be indicated on the "schedule of coverages".)

#### SCHEDULED EQUIPMENT

Item No.	Description of Equipment	Limit
1	2004 KUBOTA TRACTOR M90011540	\$ 20,000
2	1997 KUBOTA TRACTOR 40HP #M4030SU	\$ 10,000
3	2003 VERMEER CHIPPER	\$ 9,000
4	1988 FORD TRACTOR 4WD 80HP	\$ 20,000
5	FORD 1700 DIESEL 20HP #U702509	\$ 5,000
6	1982 TRACTOR ROW CROP 804WD	\$ 5,000
7	3 ELEC MOTORS 800 EACH TWO 5HP	\$ 2,400
8	1990 3 SUBMERSIBLE PUMPS @1500 EACH	\$ 4,500
9	1997 KUBOTA TRACTOR 47HP #26920	\$ 14,000
10	1997 KUBOTA TRACTOR 25 HP #50021	\$ 10,000
11	AC FORKLIFT	\$ 5,000 <i>Remove</i>
12	KOMATSU FORKLIFT #457685A	\$ 5,000
13	1990 4 TURBIN IRRIGATION PUMPS	\$ 3,000
14	2002 HD60 SOIL MIXER	\$ 33,482
15	2002 60XT SKIDSTEER SKIDLOADER	\$ 15,000
16	1994 INTERNATIONAL 595 CASE TRACTOR	\$ 6,000
17	2004 TCM FORKLIFT	\$ 16,000
18	1989 WTL CASE LOADER #JAF00399	\$ 10,000
19	TCM FORKLIFT FD30	\$ 9,000
20	FLOATER IRRIGATION PUMP	\$ 1,500
21	POT FILLING MACHINE	\$ 10,000

*Check Irrigation  
and pumps on*