



# INSURANCE BINDER

OP ID: SD

DATE (MM/DD/YYYY)

05/03/2012

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

<b>AGENCY</b> <b>G.A. Mavon &amp; Company</b> <b>10 West Chicago Avenue</b> <b>Hinsdale, IL 60521</b>		<b>COMPANY</b> <b>Penn Patriot Insurance Company</b>		<b>BINDER # 8680</b>	
<b>PHONE</b> (A/C, No, Ext): <b>630-655-2400</b>		<b>FAX</b> (A/C, No): <b>630-654-4447</b>		<b>THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:</b>	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> <b>Association of Professional Entertainers</b> <b>WEDJ Member/PAC6970219</b>	
<b>INSURED</b> <b>DJ Ray Productions</b> <b>17 Coal Street</b> <b>Middleport PA 17953</b>					

## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR \$ <input checked="" type="checkbox"/> \$250 property damage ded	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	1000000 50000 5000 1000000 2000000 2000000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$	
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE <input type="checkbox"/> COLLISION: <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/> OTHER THAN COL:		ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$ \$	
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$	
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	
<b>SPECIAL CONDITIONS/OTHER COVERAGES</b> This policy is paid in full and cannot be cancelled during the policy term.		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	

## NAME & ADDRESS

All venues and/or clients of the Named Insured are added as Additional Insureds for the policy term shown.	<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	