



INSURANCE BINDER

OP ID SD

DATE (MM/DD/YYYY)
06/24/2009**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY G.A. Mavon & Company 10 West Chicago Avenue Hinsdale IL 60521		COMPANY Penn-Star		BINDER # 3436	
PHONE (A/C, No, Ext): 630-655-2400		FAX (A/C, No): 630-654-4447		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #	
CODE:		SUB CODE:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)	
AGENCY CUSTOMER ID: SIMPL-5		INSURED		Association of Professional Entertainers WEDJ Member/PAC6813052	
Simply Music DJ Service 1950 Richard Street Aurora IL 60506					
DATE		EFFECTIVE TIME		EXPIRATION TIME	
06/24/09		12:01		06/24/10	
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> Inland Marine		250	---	15,480
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		EACH OCCURRENCE		\$ 1000000
		DAMAGE TO RENTED PREMISES		\$ 50000
		MED EXP (Any one person)		\$ 5000
		PERSONAL & ADV INJURY		\$ 1000000
		GENERAL AGGREGATE		\$ 2000000
		PRODUCTS - COMP/OP AGG		\$ 2000000
AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT		\$
<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person)		\$
<input type="checkbox"/> ALL OWNED AUTOS		BODILY INJURY (Per accident)		\$
<input type="checkbox"/> SCHEDULED AUTOS		PROPERTY DAMAGE		\$
<input type="checkbox"/> HIRED AUTOS		MEDICAL PAYMENTS		\$
<input type="checkbox"/> NON-OWNED AUTOS		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
AUTO PHYSICAL DAMAGE	DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
<input type="checkbox"/> COLLISION: _____		STATED AMOUNT		\$
<input type="checkbox"/> OTHER THAN COL: _____		OTHER		
GARAGE LIABILITY		AUTO ONLY - EA ACCIDENT		\$
<input type="checkbox"/> ANY AUTO		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY		EACH OCCURRENCE		\$
<input type="checkbox"/> UMBRELLA FORM		AGGREGATE		\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS/ OTHER COVERAGES	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.	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED
	LOSS PAYEE	<input type="checkbox"/>	
	LOAN #		
AUTHORIZED REPRESENTATIVE 			