



INSURANCE BINDER

OP ID: SD

DATE (MM/DD/YYYY)

11/19/2010

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 Insurance Company BINDER # 6136	
PHONE (A/C, No, Ext): 630-655-2400		FAX (A/C, No): 630-654-4447	
CODE: AGENCY CUSTOMER ID: SIMPL-5		SUB CODE:	
INSURED Simply Music DJ Service 1950 Richard Street Aurora IL 60506		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Association of Professional Entertainers WEDJ Member/PAC6848620	
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #.			

COVERAGES	LIMITS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000			
AUTOMOBILE LIABILITY <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 \$			
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____ <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT \$ OTHER			
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$			
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ 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/term. OTHER COVERAGES	FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$			

This policy is paid in full and cannot be cancelled during the policy

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	