



INSURANCE BINDER

OP ID: SD

DATE (MM/DD/YYYY)
05/19/2010

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 Patriot Insurance Company BINDER # 5308											
PHONE (A/C, No, Ext): 630-655-2400 CODE: _____		FAX (A/C, No): 630-654-4447 SUB CODE: _____											
AGENCY CUSTOMER ID: DJRAY-1 INSURED DJ Ray Productions 17 Coal Street Middleport PA 17953		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Association of Professional Entertainers WEDJ Member/PAC6848619											
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE</th> <th>EFFECTIVE</th> <th>TIME</th> <th>EXPIRATION</th> <th>TIME</th> </tr> </thead> <tbody> <tr> <td>05/19/10</td> <td>12:01</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> <td>05/19/11</td> <td><input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON</td> </tr> </tbody> </table>		DATE	EFFECTIVE	TIME	EXPIRATION	TIME	05/19/10	12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	05/19/11	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
DATE	EFFECTIVE	TIME	EXPIRATION	TIME									
05/19/10	12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	05/19/11	<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				
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	This policy is paid in full and cannot be cancelled during the policy			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 checked="" type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE
	LOAN # _____
AUTHORIZED REPRESENTATIVE	