



INSURANCE BINDER

OP ID SD

DATE (MM/DD/YYYY)
04/28/2009

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-America Group, Inc.		BINDER # 3390	
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: EDSDJ-1		INSURED		Association of Professional Entertainers WEDJ Member/PAC6813053	
Ed's DJ Service 11 Idlewood Street Glen Burnie MD 21061					

COVERAGES	LIMITS
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> Inland Marine	DEDUCTIBLE: 250 COINS %: --- AMOUNT: 15,000
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: \$ 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 <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"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COL: _____	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/ 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.	<input type="checkbox"/>	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	
	LOAN #			
AUTHORIZED REPRESENTATIVE 				