



# INSURANCE BINDER

OP ID: SD

DATE (MM/DD/YYYY)

04/28/2010

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

AGENCY <b>G.A. Mavon &amp; Company</b> 10 West Chicago Avenue Hinsdale, IL 60521		COMPANY <b>Penn-America Group, Inc.</b>		BINDER # <b>5165</b>	
PHONE (A/C, No, Ext): <b>630-655-2400</b>		FAX (A/C, No): <b>630-654-4447</b>		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: <b>SPINM-1</b>		INSURED <b>Spin Master DJ</b> 6028 Flora Terrace Apollo Beach FL 33572		<b>Association of Professional Entertainers</b> WEDJ Member/PAC6848618	
DATE		EFFECTIVE TIME		EXPIRATION TIME	
<b>04/28/10</b>		<b>12:01</b>		<b>04/28/11</b>	
		<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
<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	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$ <b>1,000,000</b>
		DAMAGE TO RENTED PREMISES		\$ <b>50,000</b>
		MED EXP (Any one person)		\$ <b>5,000</b>
		PERSONAL & ADV INJURY		\$ <b>1,000,000</b>
		GENERAL AGGREGATE		\$ <b>2,000,000</b>
		PRODUCTS - COMP/OP AGG		\$ <b>2,000,000</b>
<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"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	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/term.</b> <b>OTHER COVERAGES</b>	<b>This policy is paid in full and cannot be cancelled during the policy</b>	FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

**NAME & ADDRESS**

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