



# INSURANCE BINDER

OP ID: SD

DATE (MM/DD/YYYY)

11/07/2011

**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>6573</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 #:	
AGENCY CUSTOMER ID: <b>BAYAR-1</b>	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)				
INSURED <b>Bay Area Production</b> 1717 Fircrest Court Wesley Chapel FL 33543	<b>Association of Professional Entertainers</b> WEDJ Member/PAC6867918				

**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>1000000</b>
		DAMAGE TO RENTED PREMISES	\$	<b>50000</b>
		MED EXP (Any one person)	\$	<b>5000</b>
		PERSONAL & ADV INJURY	\$	<b>1000000</b>
		GENERAL AGGREGATE	\$	<b>2000000</b>
		PRODUCTS - COMP/OP AGG	\$	<b>2000000</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/ OTHER COVERAGES</b> This policy is paid in full and cannot be cancelled during the policy term.		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 			