



INSURANCE BINDER

DATE (MM/DD/YY)

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

PRODUCER		PHONE (A/C, No, Ext):	COMPANY		BINDER #
CODE:		SUB CODE:		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)			
INSURED					

COVERAGES **LIMITS**

PROPERTY	TYPE AND LOCATION OF PROPERTY	COVERAGE/PERILS/FORMS	AMOUNT	DEDUCTIBLE	COINS %

LIABILITY	COVERAGE/FORMS	EACH OCCURRENCE	AGGREGATE
<input type="checkbox"/> SCHEDULED FORM <input type="checkbox"/> COMPREHENSIVE FORM			
<input type="checkbox"/> PREMISES/OPERATIONS			
<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS			
<input type="checkbox"/> CONTRACTUAL			
OTHER: _____			
<input type="checkbox"/> MEDICAL PAYMENTS		PER PERSON	\$
<input type="checkbox"/> PERSONAL INJURY		PER ACCIDENT	\$
	FORM: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		\$

AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT
<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	\$
<input type="checkbox"/> GARAGE LIABILITY	\$
	\$

AUTO PHYSICAL DAMAGE DEDUCTIBLE	ALL VEHICLES	SCHEDULED VEHICLES	ACTUAL CASH VALUE
<input type="checkbox"/> COLLISION: _____			\$
<input type="checkbox"/> OTHER THAN COL: _____			\$

EXCESS LIABILITY	EACH OCCURRENCE	AGGREGATE	SELF-INSURED RETENTION
<input type="checkbox"/> UMBRELLA FORM		\$	\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM		\$	\$

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	STATUTORY LIMITS	EACH ACCIDENT	DISEASE - POLICY LIMIT	DISEASE - EACH EMPLOYEE
		\$	\$	\$

SPECIAL CONDITIONS/ OTHER COVERAGES

NAME & ADDRESS

		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
		<input type="checkbox"/> LOSS PAYEE	
LOAN #			
AUTHORIZED REPRESENTATIVE			

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.