



INSURANCE BINDER

OP ID SD DATE (MM/DD/YYYY)
07/30/2008

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 PHONE (A/C, No, Ext): 630-655-2400 FAX (A/C, No): 630-654-4447 CODE: SUB CODE: AGENCY CUSTOMER ID: DJZAC-1 INSURED DJ Zac Barr 74 Egbert Street Cohoes NY 12047 | COMPANY Penn-Star BINDER # 3737 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DATE</th> <th>EFFECTIVE</th> <th>TIME</th> <th>EXPIRATION</th> <th>TIME</th> </tr> <tr> <td>07/30/08</td> <td>12:01</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> <td>07/30/09</td> <td><input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON</td> </tr> </table> 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/PAC6669262 | DATE | EFFECTIVE | TIME | EXPIRATION | TIME | 07/30/08 | 12:01 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | 07/30/09 | <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON |
|--|--|---|------------|---|------------|------|----------|-------|---|----------|---|
| DATE | EFFECTIVE | TIME | EXPIRATION | TIME | | | | | | | |
| 07/30/08 | 12:01 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | 07/30/09 | <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON | | | | | | | |

| COVERAGES | LIMITS | 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 \$ 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 <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> 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 \$ | | | |

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|---|---|
| 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 LOAN # AUTHORIZED REPRESENTATIVE |
|---|---|