



INSURANCE BINDER

OP ID: SD

DATE (MM/DD/YYYY)
01/19/2012

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-Star Insurance Company BINDER # 8111																
PHONE (A/C, No, Ext): 630-655-2400 CODE: _____		FAX (A/C, No): 630-654-4447 SUB CODE: _____																
AGENCY CUSTOMER ID: COSMO02 INSURED Cosmo Creations 115 Pigeon Road Cookeville TN 38506		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/PAC6867920																
		<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></td> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON</td> </tr> <tr> <td style="text-align: center;">01/19/12</td> <td style="text-align: center;">12:01</td> <td></td> <td style="text-align: center;">01/19/13</td> <td></td> </tr> </table>		DATE	EFFECTIVE	TIME	EXPIRATION	TIME			<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	01/19/12	12:01		01/19/13	
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01/19/12	12:01		01/19/13															

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	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 \$ _____ <input checked="" type="checkbox"/> \$250 property damage ded	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"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			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 checked="" type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE
	LOAN # _____
	AUTHORIZED REPRESENTATIVE