



INSURANCE BINDER

OP ID: SD

DATE (MM/DD/YYYY)

05/13/2010

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 # 5268	
PHONE (A/C, No, Ext): 630-655-2400		FAX (A/C, No): 630-654-4447		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) Association of Professional Entertainers	
AGENCY CUSTOMER ID: DJPOS-1		INSURED DJ Posse Mobile Music 3983 S McCarran Blvd #534 Reno NV 89502			
		DATE EFFECTIVE TIME 06/01/10 12:01		EXPIRATION TIME 06/01/11 12:01 AM	

FOR DISPLAY

COVERAGES	LIMITS
PROPERTY TYPE OF INSURANCE: <input type="checkbox"/> BASIC <input type="checkbox"/> CAUSES OF LOSS: <input type="checkbox"/> SF GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:	DEDUCTIBLE: EACH OCCURRENCE \$ 1,000,000 COINS %: DAMAGE TO RENTED PREMISES \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
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 \$ INSURER MOTORIST \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE: <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: <input type="checkbox"/> OTHER THAN COLLISION: <input type="checkbox"/>	ACTUAL CASH VALUE \$ STATED AMOUNT \$ COINS %: <input type="checkbox"/> COLLISION <input type="checkbox"/> ACCIDENT THEFT AND VANDALISM ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	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/term. OTHER COVERAGES This policy is paid in full and cannot be cancelled during the policy	FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

PURPOSES ONLY

FOR DISPLAY

PURPOSES ONLY

NAME & ADDRESS All venues and/or clients of Penn-Star Insurance Company and its subsidiaries and affiliates policy terms and conditions	<input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LOSS PAYEE LOAN # AUTHORIZED REPRESENTATIVE
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FOR DISPLAY

PURPOSES ONLY