



# INSURANCE BINDER

OP ID SD DATE (MM/DD/YYYY)  
01/08/2008

**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  PHONE (A/C, No, Ext): <b>630-655-2400</b> FAX (A/C, No): <b>630-654-4447</b> CODE:      SUB CODE: AGENCY CUSTOMER ID: <b>LOCOM-1</b> INSURED  <b>Locomotion DJ Productions</b> 177 Market Street Lowell MA 01852	COMPANY <b>Penn-America Group, Inc.</b> BINDER # <b>3079</b>  <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>01/08/08</td> <td>12:01</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> <td>01/08/09</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)  <b>Association of Professional Entertainers</b> <b>WEDJ Member/PAC6669263</b>	DATE	EFFECTIVE	TIME	EXPIRATION	TIME	01/08/08	12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	01/08/09	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
DATE	EFFECTIVE	TIME	EXPIRATION	TIME							
01/08/08	12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	01/08/09	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON							

COVERAGES	LIMITS	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"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____		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      \$			

<b>NAME &amp; ADDRESS</b>  All venues and/or clients of the Named Insured are added as Additional Insureds for the policy term shown.	MORTGAGEE <input checked="" type="checkbox"/> ADDITIONAL INSURED LOSS PAYEE <input type="checkbox"/> LOAN #  AUTHORIZED REPRESENTATIVE 
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