



# INSURANCE BINDER

DATE (MM/DD/YYYY)

12/7/2005

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

|                                                                                          |  |                                                                                                                           |  |                                                                                            |  |
|------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|
| AGENCY<br><b>Commercial Brokerage Services</b><br>PO Box 2719<br>Palatine, IL 60078-2719 |  | COMPANY<br><b>Penn Star Insurance Co</b>                                                                                  |  | BINDER #                                                                                   |  |
| PHONE (A/C, No, Ext): <b>847-358-1500</b>                                                |  | FAX (A/C, No): <b>847-358-1630</b>                                                                                        |  | 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)                           |  |
| AGENCY CUSTOMER ID:                                                                      |  | INSURED<br><b>Kickin Tunes</b><br><b>Michael Rogers</b><br>11777 Shadow Valley Road<br>El Cajon, CA 92020<br>619-444-5745 |  | <b>WEDJ Member</b>                                                                         |  |
|                                                                                          |  | DATE EFFECTIVE TIME                                                                                                       |  | EXPIRATION DATE TIME                                                                       |  |
|                                                                                          |  | 12/9/2005 12:01                                                                                                           |  | 12/9/2006 12:01AM                                                                          |  |

**COVERAGES****LIMITS**

| TYPE OF INSURANCE                                                                                                                                                                                                                          | COVERAGE/FORMS                                                                    | DEDUCTIBLE                                                                                                                                                               | COINS % | AMOUNT                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>PROPERTY CAUSES OF LOSS</b><br><input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC                                                                                                              |                                                                                   |                                                                                                                                                                          |         |                                                                                                                                 |
| <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                                                             | <b>Liability</b><br><br>RETRO DATE FOR CLAIMS MADE:                               | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG                         |         | \$ <b>1,000,000</b><br>\$ <b>50,000</b><br>\$ <b>5,000</b><br>\$ <b>1,000,000</b><br>\$ <b>2,000,000</b><br>\$ <b>2,000,000</b> |
| <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALLOWED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |                                                                                   | COMBINED SINGLE LIMIT<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE<br>MEDICAL PAYMENTS<br>PERSONAL INJURY PROT<br>UNINSURED MOTORIST |         | \$<br>\$<br>\$<br>\$<br>\$<br>\$                                                                                                |
| <b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE<br><input type="checkbox"/> COLLISION: _____<br><input type="checkbox"/> OTHER THAN COL: _____                                                                                                      | <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES | ACTUAL CASH VALUE<br>STATED AMOUNT<br>OTHER                                                                                                                              |         | \$<br>\$<br>\$                                                                                                                  |
| <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO                                                                                                                                                                               |                                                                                   | AUTO ONLY - EA ACCIDENT<br>OTHER THAN AUTO ONLY:<br>EACH ACCIDENT<br>AGGREGATE                                                                                           |         | \$<br>\$<br>\$                                                                                                                  |
| <b>EXCESS LIABILITY</b><br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM                                                                                                                     | RETRO DATE FOR CLAIMS MADE:                                                       | EACH OCCURRENCE<br>AGGREGATE<br>SELF-INSURED RETENTION<br>WC STATUTORY LIMITS                                                                                            |         | \$<br>\$<br>\$<br>\$                                                                                                            |
| <b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>                                                                                                                                                                                      |                                                                                   | E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT                                                                                          |         | \$<br>\$<br>\$                                                                                                                  |
| <b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>                                                                                                                                                                                                 | <b>Policy is paid in full and cannot be cancelled during the policy period</b>    | FEES<br>TAXES<br>ESTIMATED TOTAL PREMIUM                                                                                                                                 |         | \$<br>\$<br>\$                                                                                                                  |

**NAME & ADDRESS**

All venues and/or clients of the named insured are added as additional insureds for the policy period shown above

 MORTGAGEE  ADDITIONAL INSURED

 LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE