



# INSURANCE BINDER

DATE (MM/DD/YYYY)

08/12/2025

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.**

AGENCY Silverio Insurance Agency 10 S Broadway  Lawrence MA 01843		COMPANY Massachusetts Property Insurance Underwriting Association		BINDER # B2581221532		
		DATE 01/13/2025	EFFECTIVE 12:01	TIME AM PM	DATE 01/13/2026	EXPIRATION 12:01 AM NOON
<b>PHONE</b> (A/C, No, Ext): (978) 685-0209 <b>FAX</b> (A/C, No): (978) 685-0310		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: 1612947				
<b>CODE:</b> MPIA01X1 <b>SUB CODE:</b>		<b>DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location)</b>  Loc# 0001 58 Temple St Haverhill, MA 01832				
<b>AGENCY CUSTOMER ID:</b> 00018547  <b>INSURED AND MAILING ADDRESS</b> Celest Investments LLC 82 Osgood St  Lawrence MA 01843						

COVERAGES		COVERAGE / FORMS		LIMITS
TYPE OF INSURANCE		COVERAGE / FORMS		DEDUCTIBLE
PROPERTY CAUSES OF LOSS		Dwelling [Wind/Hail 5,000] All Peril		2,500.00
<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC		Personal liability Medical payments Deductible adjustment		500,000.00 5,000.00 2,500.00
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
				\$
				\$
				\$
				\$
				\$
<b>VEHICLE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>VEHICLE PHYSICAL DAMAGE</b> DED <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____		RETRO DATE FOR CLAIMS MADE:		ACTUAL CASH VALUE STATED AMOUNT
				\$
				\$
				\$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		RETRO DATE FOR CLAIMS MADE:		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>		RETRO DATE FOR CLAIMS MADE:		PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
				\$
				\$
				\$
<b>SPECIAL CONDITIONS / OTHER COVERAGES</b>		RETRO DATE FOR CLAIMS MADE:		FEES TAXES ESTIMATED TOTAL PREMIUM
				\$
				\$ 4,381.00

## NAME & ADDRESS

Anchor Mortgage LLC ISAOA ATIMA 133 River Landing Dr, Suite 100 Daniel Island, South Carolina 29492	<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE	LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE
	LOAN #:	
AUTHORIZED REPRESENTATIVE		
Anycia Lopez/AP		

## **CONDITIONS**

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

### **Applicable in Arizona**

Binders are effective for no more than ninety (90) days.

### **Applicable in California**

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

### **Applicable in Colorado**

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

### **Applicable in Delaware**

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

### **Applicable in Florida**

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

### **Applicable in Maryland**

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

### **Applicable in Michigan**

The policy may be cancelled at any time at the request of the insured.

### **Applicable in Montana**

No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer.

### **Applicable in Nevada**

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

### **Applicable in Oklahoma**

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

### **Applicable in Oregon**

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

### **Applicable in the Virgin Islands**

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.