



INSURANCE BINDER

Date (MM/DD/YYYY)

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

AGENCY		COMPANY		BINDER	
Phone (A/C, No. Ext) CODE: AGENCY CUSTOMER NO.		FAX (A/C, No. Ext) SUB CODE:		DATE EFFECTIVE TIME DATE EXPIRATION TIME AM PM 12:01 AM NOON	
INSURED		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #			
OWNER and FRANK NOVOTNY & ASSOCIATES, Inc.		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) BERWYN PARK DISTRICT PROKSA PARK IMPROVEMENTS PROJECT NO. 11366			

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	CONS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNERS & CONTRACTORS PROTECTIVE (OCP)	RETRO DATE FOR CLAIMS MADE	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PROJECTS - COMPIOP AGGR		\$ 1,000,000 \$ \$ \$ \$ 2,000,000 \$ \$ \$ \$ \$ \$ \$ \$
VEHICLE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTO				
VEHICLE PHYSICAL DAMAGE DED <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		\$ \$ \$
GARAGE LIABILITY ANY AUTO	RETRO DATE FOR CLAIMS MADE	AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE		\$ \$ \$ \$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM		EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT FEES TAXES		\$ \$ \$ \$ \$ \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

OWNER (Including its officials, employees and volunteers) and FRANK NOVOTNY & ASSOCIATES, INC. (Including its agents and employees)	MORTGAGEE LOSS PAYEE LOAN #	ADDITIONAL INSURED
AUTHORIZED REPRESENTATIVE		