

ACORD™ INSURANCE BINDERDATE
06/01/09

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

PRODUCER

PHONE
(A/C, No, Ext): 210-223-9171
FAX
(A/C, No):

COMPANY

BINDER #

Endurance American Specialty Ins Co

PCL10100491400

Northam Insurance & Risk Mgt

P.O. Box 795008

San Antonio, TX 78279

EFFECTIVE

DATE

TIME

EXPIRATION

DATE

TIME

06/01/09

12:01

X

AM

06/01/10

X

12:01 AM

PM

NOON

CODE:

SUB CODE:

AGENCY
CUSTOMER ID: 81233

INSURED

Investment Professionals, Inc.
16414 San Pedro Ave., Suite 150
San Antonio, TX 78232THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY
PER EXPIRING POLICY #:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

COVERAGES

TYPE OF INSURANCE		COVERAGE/FORMS	LIMITS		
PROPERTY	CAUSES OF LOSS		DEDUCTIBLE	COINS %	AMOUNT
<input type="checkbox"/> BASIC	<input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY					
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				
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					
AUTO PHYSICAL DAMAGE DEDUCTIBLE					
<input type="checkbox"/> COLLISION:					
<input type="checkbox"/> OTHER THAN COL:					
GARAGE LIABILITY					
<input type="checkbox"/> ANY AUTO					
EXCESS LIABILITY					
<input type="checkbox"/> UMBRELLA FORM					
<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY					
SPECIAL CONDITIONS/OTHER COVERAGES					

RETRO DATE FOR CLAIMS MADE:

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Professional Liability Coverage - Policy No.
PCL10100491400 - Policy Term:
(See attached Spec Conditions/Other Covs page.)

NAME & ADDRESS

To Whom It May Concern

MORTGAGEE

ADDITIONAL INSURED

LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE

John L. Northam + Son L.P.

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. 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 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 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 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.

SPECIAL CONDITIONS/OTHER COVERAGES (Cont. from page 1)

06/01/09 to 06/01/10 - Limits \$1,000,000 Each Claim/\$3,000,000 Aggregate with sublimits of \$5,000,000 Each Claim/\$5,000,000 Aggregate for Life Insurance Claims only.

Directors & Officers Coverage - Policy No. PCL10100491400 - Policy Term: 06/01/09 to 06/01/10 - Limits \$1,000,000 Each Claim/\$1,000,000 Aggregate

Employers Practices Liability Insurance Coverage - Policy No. PCL10100491400 - Policy Term: 06/01/09 to 06/01/10 - Limits \$1,000,000 Each Claim/\$1,000,000 Aggregate.