# Commercial Auto Binder

#### **Insurance Carrier Information**

**Insurance Carrier: Palisades Insurance Company** 

Address: PO Box 926

**City, State, Zip:** Lincroft, NJ 07738 **Phone Number:** 1-877-725-6423 **Fax Number:** 732-378-4815

### **Agency Information**

Insurance Agent/Agency: Warren G. Reiner, Inc.

Producer Code: 4320597

# **Policyholder Information**

Company/Name: Dorado Environmental Inc.

Address: 60 Park Place 502 City, State, Zip: Newark NJ 07102 Phone Number: 732598-1058 Policy Number: PAC00001127218
Policy Effective Date: 02/01/2019

## **Policy Coverage Information**

Type of Insurance:	Coverages:	Limits/Deductible:	Premium:
Automobile Liability:	BI/PD	CSL 500,000	2,138.00
DOC	UM/UIM	CSL 500,000	148.00
_X_Hired Autos _X_Non-Owned Autos	Pedestrian PIP	Included	49.00
	Comprehensive	250	112.00
	Collision	1,000	468.00
	Excess Electronic		0.00
	Equipment		
	Loan/Lease Gap Coverage		0.00
	Medical Payments		0.00
	MotorBus Medical		0.00
	Polution Liability		
	Rental Reimbursement	50/1500	48.00
	Tapes, Records, Discs and Other Media Property		0.00
	Towing and Labor	100	16.00
	Commercial Auto Broadening Endorsement		100.00
	Hired Auto Liability		173.00
	Employee Non-Owned		112.00

### Auto Physical Damage: (See vehicle schedule for details)

\_X\_ Collision

**CONDITIONS:** This Insurance coverage is subject to the terms, conditions, and limitations of the policy(ies) in current use by the Company. This binder may be canceled 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 canceled by the Company by notice to the Insured in accordance with the policy conditions. This binder is automatically canceled 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.

**DISCLAIMER:** This binder is a temporary insurance contract, subject to the conditions shown above.

# Commercial Auto Binder continued.

_X_	Comprehensive
	Fire and Theft
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\_X\_ Rental Reimbursement

\_X\_ Towing and labor

Signature of Authorized Representative

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