OP ID: SD

INSURANCE BINDER

DATE (MM/DD/YYYY) 09/23/2011

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

AGENCY
G.A. Mavon & Company
10 West Chicago Avenue
Hinsdale, IL 60521

COMPANY: Penn-Star Insurance Company

BINDER # 7651

EFFECTIVE DATE	EFFECTIVE TIME			EXPIRATION DATE	EXPIRATION TIME		
09/23/11	12:01	X	AM	09/23/12		X	12:01 AM
			PM				NOON

PHONE (A/C, No, Ext): 630-655-2400
FAX (A/C, No): 630-654-4447

CODE:
SUB CODE:

AGENCY CUSTOMER ID: RICKR-1

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

INSURED
Rickryan.com
159 Township Dr
Hendersonville TN 37075

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
Association of Professional Entertainers
WEDJ Member/PAC6867920

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	LIMITS: DEDUCTIBLE	COINS %	AMOUNT
PROPERTY — CAUSES OF LOSS: [ ] BASIC [ ] BROAD [ ] SPEC				
GENERAL LIABILITY		EACH OCCURRENCE		$ 1000000
[X] COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES		$ 50000
[ ] CLAIMS MADE [X] OCCUR		MED EXP (Any one person)		$ 5000
		PERSONAL & ADV INJURY		$ 1000000
$		GENERAL AGGREGATE		$ 2000000
[X] $250 property damage ded	RETRO DATE FOR CLAIMS MADE:	PRODUCTS - COMP/OP AGG		$ 2000000
AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT		$
[ ] ANY AUTO		BODILY INJURY (Per person)		$
[ ] ALL OWNED AUTOS		BODILY INJURY (Per accident)		$
[ ] SCHEDULED AUTOS		PROPERTY DAMAGE		$
[ ] HIRED AUTOS		MEDICAL PAYMENTS		$
[ ] NON-OWNED AUTOS		PERSONAL INJURY PROT		$
		UNINSURED MOTORIST		$
				$
AUTO PHYSICAL DAMAGE — DEDUCTIBLE	[ ] ALL VEHICLES [ ] SCHEDULED VEHICLES	[ ] ACTUAL CASH VALUE		
[ ] COLLISION:		[ ] STATED AMOUNT		$
[ ] OTHER THAN COL:		[ ] OTHER		
GARAGE LIABILITY		AUTO ONLY - EA ACCIDENT		$
[ ] ANY AUTO		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		$
		AGGREGATE		$
EXCESS LIABILITY		EACH OCCURRENCE		$
[ ] UMBRELLA FORM		AGGREGATE		$
[ ] OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	SELF-INSURED RETENTION		$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		[ ] WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		$
		E.L. DISEASE - EA EMPLOYEE		$
		E.L. DISEASE - POLICY LIMIT		$
SPECIAL CONDITIONS/ OTHER COVERAGES	This policy is paid in full and cannot be cancelled during the policy term.	FEES		$
		TAXES		$
		ESTIMATED TOTAL PREMIUM		$

NAME & ADDRESS

All venues and/or clients of the Named Insured are added as Additional Insureds for the policy term shown.

[ ] MORTGAGEE [X] ADDITIONAL INSURED
[ ] LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE

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