



# INSURANCE BINDER

OP ID: DZ

DATE (MM/DD/YYYY)  
11/28/2011

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

<b>AGENCY</b> Butwin Insurance Group Suite 414 60 Cutter Mill Road Great Neck, NY 11021-3104 <b>PRODUCER NOT ASSIGNED</b> PHONE (A/G. No. Ext): 516-466-4200 FAX (A/G. No.): 516-466-4213 CODE: 730045855 SUB CODE:		<b>COMPANY</b> CNA Insurance Co.		BINDER # 27356	
		DATE EFFECTIVE 11/25/11	TIME 12:01	DATE EXPIRATION 12/25/11	TIME 12 01 AM
		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # 4031195111			
<b>AGENCY CUSTOMER ID: JOHN40</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> OFFICE EQUIPMENT, MACHINES/APPLIANCES - RETAIL-W/ REPAIRS			
<b>INSURED</b> John R. Hibbard Company, Inc. 2208 North Stallings Drive Nacogdoches TX 75964					

## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC CAUSES OF LOSS				
<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 - COMPOP AGG \$
<b>AUTOMOBILE LIABILITY</b> <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				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE <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 \$ OTHER \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				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>				<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

## NAME & ADDRESS

	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE PRODUCER NOT ASSIGNED		

S0005AZCA76 \*PL Fire Policy Status Agt:7732 Page 1+  
Household key: (HIBBARD 220875964) H Ph. (936)564-0200  
HIBBARD, JOHN R LLYD Policy: 93-BM-C027-0 L Yr issd: 2009  
2208 N STALLINGS DR Xref:  
NACOGDOCHES TX 75964-1258

Location: 2208 N STALLINGS DR  
NACOGDOCHES TX 75964

Term: CONT

Type: BUSINESS-OFFICE Renew date: MAY-28-12  
Coverage information Premium: 1,248.00 Written date: MAY-28-09  
A-BUILDING 295000 Estimate Num: M1R3-B1BA-9

C-LOSS INC ACT LOSS

L-BUSN LIAB	1000000	Amount due:	SFPP		
GEN AGGREGT	2000000	Date due:	SFPP	Auto-NONE	Fire-PF2(3)
PCO AGGREGT	2000000	Bill to:	SFPP	Life-NONE	Hlth-NONE
M-MED/PERSN	5000			SFPP-PF5(1)	1-Pending
		Prev prem:	1,139	2 -Changes	4-Ltr create
					6-FRQ
Prev risk:	295,000	SFPP acct:	1090-5433-08	7-APP	8-Payments
				9-Mstr rec	10-Loss reprt

Deductibles applied:1000 ALL PER OTHER DED MAY APPLY  
P-Print 0-Prev F-Forms/Endors PF6-EstReplCost

Accept \_\_\_