ACORD'	INSURANCE BINDER							(YYYYO	
							01/11/2	2019	
	PORARY INSURANCE CONTRACT, SU	BJE	CT TO THE COND	ITION	S SHOWN ON P	AGE 2 OF	THIS FORM	Α,	
AGENCY		CC	MPANY		A CONTRACT OF THE CONTRACT OF	BINDER	? #	-	
Arceri & Associates, Inc.			Nellonal Casually Company						
2017 Transcontinental Dr Metairie, LA 70001			DATE EFPECT	TIME	DATE EXPIRATION TIME		TIME		
Wildling CA 70001		-	A MARTINE STATE OF THE STATE OF	ajagais MilyaPpiPaliplaan	AM			12:01 A	
			2/1/2019		PM	2/1/2	020	NOON	
PHONE (A/C, No. Ext):	[A/G, No]:		THIS BINDER IS ISSUI	ED TO E		THE RESIDENCE AND PROPERTY OF	~···		
CODE:	8UB CODE:		PER EXPIRING POLIC						
AGENCY CUSTOMER ID:	Harmonia de la composiçõe de la composiç	D€	SCRIPTION OF OPERAT	IONS / VI	HIGLES / PROPERTY	(including Lo	cation)	************	
INSURED AND MAILING ADDRESS	от 4 туй, уулай дайгуун түртүү түрүүү түрүү түрүү түрүү түрүү бай башан байган								
Krewe Of Mullet Ma	ales	ŀ							
P.O. Box 178		1							
Point Clear, AL 368	364	Ī							
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COVERAGES			**************************************			LIMI	TQ	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
TYPE OF INSURANCE	COVERAGE / F	OBME							
PROPERTY CAUSES OF LOSS	WAREHOUSE LA	Chima			DEDUCTIBLE	COINS %	AMOUNT		
BASIC BROAD SPEC									
BACIC JONES									
	· <mark> </mark>						ļ.		
GENERAL LIABILITY					- I marria na na na na na		- 4 000 000	·	
رح احت					EACH OCCURRENCE		\$ 1,000,000		
COMMERCIAL GENERAL LIABILITY					DAMASE TO RENTED PREMISES		\$ 1,000,000		
CLAIMS MADE X OCCUR					MED EXP (Any one person)		● excluded		
Hired & Non-Owned Auto INCL			PERSONAL & AC			\$ 1,000,000			
					GENERAL AGGR		\$ 3,000,000		
VEHICLE LIABILITY	RETRO DATE FOR CLAIMS MADE:				PRODUCTS - CO	*******	\$ 2,000,000)	
W-1171712	j				COMBINED SING	LELIMIT	\$	many beginning debits of 10 core	
AMYAUTO	Î				BODILY INJURY	e, barsou)	†*	transprendante artes est est est est est est est est est	
OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$	proces (magning process of 1981)	
SCHEDULED AUTOS					PROPERTY DAM	AGE	\$		
HIRED AUTOS ONLY					MEDICAL PAYMENTS		\$	magnitude and south of the Country	
NON-OWNED AUTOS ONLY				PERSONAL INJURY PROT		\$	*********		
					UNINSURED MOT	rorist	\$	obajeta Nijeli, ja 1.18 jujunga	
							\$		
VEHICLE PHYSICAL DAMAGE DED	ALL VEHICLES SCHEDULED VE	HICLE	S		ACTUAL CASH VALUE				
COLLISION:					STATED MACINI		\$.		
OTHER THAN COL:				~					
OARAGE LIABILITY					AUTO ONLY - EA	ACCIDENT	\$		
ARYAUTO					OTHER THAN AU	TO ONLY:			
			•		EACH	(ACCIDENT	\$		
					٨	GGREGATE	\$	signed in local to designed departs	
EXCESS LIABILITY					EACH OCCURRE	NCE	\$		
UMBRELLA FORM					AGGREGATE		\$		
OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:				SELF-INSURED R	ETENTION	\$		
A CONTRACTOR OF THE CONTRACTOR	Age on page 10 to the page of a man man man of some man requirement in prime alternative species of the page 10 to the page of the page 10 to the page of the page	ATTRACT HET WHITE	مهويسيون بالبهو قود بومايين والبيويين و معدد يهم و لايتأون دوأه و ده (۱۷)	ADURA GARAN ADAN	PER STATUT	re	l leiceminis enintrice	ajidi pakili 1979 kamba pigar	
WORKER'S COMPENSATION					E.L. EACH ACCID	ENT	\$	وا در احدیث الله الله الله الله الله الله الله الل	
AND EMPLOYER'S LIABILITY				E.L. DISEASE - EA EMPLOYEE		\$	derivina genitara anna (paringinigo ap legany)		
					E.L. DISEASE -PC	OLICY LIMIT	\$	******	
SPECIAL ·	Maria (1984) - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984				FEE8		<u> </u>		
CONDITIONS /					TAXES	T-0-10-10-00-1-0-10-0-10-0-10-0-10-0-10	\$	partitude alpei r i maioria w tau	
COVERAGES					ESTIMATED TOTAL	I PREMILM	\$	· · · · · · · · · · · · · · · · · · ·	
NAME & ADDRESS	***************************************				Target (See 101)	in i i i i i i i i i i i i i i i i i i			
	**************************************	17	NOOTHONAL INSURED	1	LOSS PAYEE	MOR	GAGEE		
Insured's Copy			JENDER'S LOSS PAYABL	.6		٠٠٠٠٠٠ ـــــ			
r ·		LOAN	-		Anna de la company de presidente de la company de la compa		**************************************		
	†		OPIZED REPRESENTATI	VE	VA	de Marion, «Biblio» e serbiratus refusion qui deire	~~~		
					and the same of th		e de la company	~	

AGENCY CUSTOMER	AGEN(ey ci	USTO	OME	RID:
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CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The insurance is subject to the terms, conditions and limitations of the policy(les) 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 Arizona

Binders are effective for no more than ninety (90) days.

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 Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

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 Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Montana

No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer.

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.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.