



# INSURANCE BINDER

OP ID SD

DATE (MM/DD/YYYY)  
01/22/2009**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY <b>G.A. Mavon &amp; Company</b> 10 West Chicago Avenue Hinsdale IL 60521		COMPANY <b>Penn-Star</b>		BINDER # <b>3056</b>	
PHONE (A/C, No, Ext): <b>630-655-2400</b>		FAX (A/C, No): <b>630-654-4447</b>		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
AGENCY CUSTOMER ID: <b>ENERG-2</b>		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) <b>WEDJ Member / PAC6552805</b>			
INSURED  <b>Energy ESI</b> 43397 Business Park Dr Ste D-3 Temecual CA 92590					

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> <b>Inland Marine</b>		<b>250</b>	<b>---</b>	<b>28,085</b>
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:				EACH OCCURRENCE \$ <b>1000000</b> DAMAGE TO RENTED PREMISES \$ <b>50000</b> MED EXP (Any one person) \$ <b>5000</b> PERSONAL & ADV INJURY \$ <b>1000000</b> GENERAL AGGREGATE \$ <b>2000000</b> PRODUCTS - COMP/OP AGG \$ <b>2000000</b>
<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>				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b> 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.	<input type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE
	LOAN # _____
AUTHORIZED REPRESENTATIVE 	