



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 G.A. Mavon & Company 10 West Chicago Avenue Hinsdale IL 60521 | | COMPANY Penn-Star | | BINDER # 3056 | |
| PHONE (A/C, No, Ext): 630-655-2400 | | FAX (A/C, No): 630-654-4447 | | THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: | |
| AGENCY CUSTOMER ID: ENERG-2 | | DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) WEDJ Member / PAC6552805 | | | |
| INSURED Energy ESI 43397 Business Park Dr Ste D-3 Temecual CA 92590 | | DATE EFFECTIVE TIME 01/30/09 12:01 | | | |
| SUB CODE: | | TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | | EXPIRATION DATE TIME 01/30/10 <input checked="" type="checkbox"/> 12:01 AM NOON | |

COVERAGES**LIMITS**

| TYPE OF INSURANCE | COVERAGE/FORMS | DEDUCTIBLE | COINS % | AMOUNT |
|---|----------------|------------------------------|------------|-------------------|
| PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> Inland Marine | | 250 | --- | 28,085 |
| GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE: | | EACH OCCURRENCE | | \$ 1000000 |
| | | DAMAGE TO RENTED PREMISES | | \$ 50000 |
| | | MED EXP (Any one person) | | \$ 5000 |
| | | PERSONAL & ADV INJURY | | \$ 1000000 |
| | | GENERAL AGGREGATE | | \$ 2000000 |
| | | PRODUCTS - COMP/OP AGG | | \$ 2000000 |
| AUTOMOBILE LIABILITY <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 | | \$ |
| AUTO PHYSICAL DAMAGE 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 | | \$ |
| GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | AUTO ONLY - EA ACCIDENT | | \$ |
| | | OTHER THAN AUTO ONLY: | | |
| | | EACH ACCIDENT | | \$ |
| | | AGGREGATE | | \$ |
| EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE: | | EACH OCCURRENCE | | \$ |
| | | AGGREGATE | | \$ |
| | | 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 | <input checked="" type="checkbox"/> | ADDITIONAL INSURED |
| | LOSS PAYEE | <input type="checkbox"/> | |
| | LOAN # | | |
| | AUTHORIZED REPRESENTATIVE  | | |