



# INSURANCE BINDER

OP ID: MR

DATE (MM/DD/YYYY)

10/08/2012

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

AGENCY <b>MOURER-FOSTER, INC.</b> <b>615 N. CAPITOL AVE.</b> <b>LANSING,, MI 48933</b> <b>Dennis A Stowers</b>		COMPANY <b>CNA Insurance Co</b>		BINDER # <b>80535</b>	
PHONE (A/C, No, Ext): <b>517-371-2300</b> CODE: <b>520-050606</b>		FAX (A/C, No): SUB CODE:		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: <b>5090632696</b>	
AGENCY CUSTOMER ID: <b>HAPPY78</b> INSURED <b>Happy Walk, Happy Dog Dogwalking-Petsitting Service</b> <b>1270 Downyshire Drive</b> <b>Lawrenceville GA 30044</b>		DATE EFFECTIVE TIME <b>10/02/12</b> <b>12:01</b>		EXPIRATION DATE TIME <b>11/01/12</b> <b>12:01 AM</b>	
		DATE EFFECTIVE TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		EXPIRATION DATE TIME <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) <b>Pet Sitter</b>			

**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				
<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>2,000,000</b>
		DAMAGE TO RENTED PREMISES		\$ <b>300,000</b>
		MED EXP (Any one person)		\$ <b>10,000</b>
		PERSONAL & ADV INJURY		\$ <b>2,000,000</b>
		GENERAL AGGREGATE		\$ <b>4,000,000</b>
		PRODUCTS - COMP/OP AGG		\$ <b>4,000,000</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>		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

**NAME & ADDRESS**

	<input type="checkbox"/> MORTGAGEE		ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE <i>John J. Foster</i>		