



INSURANCE BINDER

OP ID: IC

DATE (MM/DD/YYYY)
6/26/2018

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

| AGENCY Berry Insurance 31 Hayward Street, Suite J Franklin, MA 02038 Chris R Pintarich | COMPANY Trident Insurance Services Inc BINDER # 18361 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------------|----|------------|-------------------------------------|------------|----|------|--|----------|-------|-------------------------------------|----|----------|-------------------------------------|-------|----|--|--|--|----|--|--|------|--|
| PHONE (A/C, No, Ext): 508-528-5200 FAX (A/C, No): 508-520-6914 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">DATE EFFECTIVE</th> <th colspan="2">TIME</th> <th colspan="2">EXPIRATION</th> <th colspan="2">TIME</th> </tr> <tr> <td style="text-align: center;">07/01/18</td> <td style="text-align: center;">12:01</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">AM</td> <td style="text-align: center;">07/01/19</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">12:01</td> <td style="text-align: center;">AM</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">PM</td> <td></td> <td></td> <td style="text-align: center;">NOON</td> <td></td> </tr> </table> | DATE EFFECTIVE | | TIME | | EXPIRATION | | TIME | | 07/01/18 | 12:01 | <input checked="" type="checkbox"/> | AM | 07/01/19 | <input checked="" type="checkbox"/> | 12:01 | AM | | | | PM | | | NOON | |
| DATE EFFECTIVE | | TIME | | EXPIRATION | | TIME | | | | | | | | | | | | | | | | | | | |
| 07/01/18 | 12:01 | <input checked="" type="checkbox"/> | AM | 07/01/19 | <input checked="" type="checkbox"/> | 12:01 | AM | | | | | | | | | | | | | | | | | | |
| | | | PM | | | NOON | | | | | | | | | | | | | | | | | | | |
| CODE: AGENCY CUSTOMER ID: HUBBA-2 | DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Masachusetts Municipality | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURED Town of Hubbardston Ryan McLane 7 Main street Hubbardston MA 01452 | THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: | | | | | | | | | | | | | | | | | | | | | | | | |

| COVERAGES | LIMITS | DEDUCTIBLE | COINS % | AMOUNT |
|---|---|--------------------------|---------|--|
| PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC | Blanket Building & Contents Equipment Breakdown Bus. Inc. w/Extra Expense Flood & Earthquake | 1,000 1,000 25,000 | | 20,764,866 Included 1,000,000 1,000,000 |
| 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 \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| AUTOMOBILE LIABILITY <input checked="" 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 | RETRO DATE FOR CLAIMS MADE: | | | COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ INCLUDED MEDICAL PAYMENTS \$ 5,000 PERSONAL INJURY PROT \$ 8,000 UNINSURED MOTORIST \$ 100/300,000 Underinsured Mot \$ 100/300,000 |
| AUTO PHYSICAL DAMAGE <input checked="" type="checkbox"/> COLLISION: DEDUCTIBLE 500 <input checked="" type="checkbox"/> OTHER THAN COL: DEDUCTIBLE 500 | <input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES | | | <input checked="" type="checkbox"/> ACTUAL CASH VALUE STATED AMOUNT \$ OTHER |
| GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | RETRO DATE FOR CLAIMS MADE: | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ |
| EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM | RETRO DATE FOR CLAIMS MADE: | | | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 SELF-INSURED RETENTION \$ 0 WC STATUTORY LIMITS |
| WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY | RETRO DATE FOR CLAIMS MADE: | | | E. L. EACH ACCIDENT \$ E. L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$ |
| SPECIAL CONDITIONS/ OTHER COVERAGES | Public Officials Liability \$1,000,000 each claim/\$3,000,000 aggregate, Ded. \$2,500.; Law Enforcement Liability \$1,000,000 each claim/\$3,000,000 aggregate, Ded. \$2,500. | | | FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$ |

| | | | | | | | | | |
|---|--|------------------------------------|---|-------------------------------------|--|--------|--|--|--|
| NAME & ADDRESS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Insured's Copy</p> </div> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> MORTGAGEE</td> <td style="width:33%;"><input type="checkbox"/> ADDITIONAL INSURED</td> </tr> <tr> <td><input type="checkbox"/> LOSS PAYEE</td> <td></td> </tr> <tr> <td colspan="2">LOAN #</td> </tr> <tr> <td colspan="2"> AUTHORIZED REPRESENTATIVE <i>Isabel Carneiro</i> </td> </tr> </table> | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> ADDITIONAL INSURED | <input type="checkbox"/> LOSS PAYEE | | LOAN # | | AUTHORIZED REPRESENTATIVE <i>Isabel Carneiro</i> | |
| <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> ADDITIONAL INSURED | | | | | | | | |
| <input type="checkbox"/> LOSS PAYEE | | | | | | | | | |
| LOAN # | | | | | | | | | |
| AUTHORIZED REPRESENTATIVE <i>Isabel Carneiro</i> | | | | | | | | | |

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) 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 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 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.