

# ACORD<sup>TM</sup> INSURANCE BINDER

DATE  
08/25/10

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

PRODUCER <b>Seubert &amp; Associates, Inc.</b> 1010 Ohio River Blvd Pittsburgh, PA 15202	PHONE (A/C, No, Ext): <b>412-734-4900</b> FAX (A/C, No): <b>412 734-5725</b>	COMPANY <b>Berkley Mid-Atlantic</b>	BINDER # <b>CPA011256741</b>
CODE: _____ SUB CODE: _____	AGENCY CUSTOMER ID: <b>25281</b>	INSURED <b>Shady Oak Enterprise's Inc d/b/a Premier Finance Adjusters 150 West Pittsburgh Street Delmont, PA 15626</b>	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) <b>Veh#1: 2008 Ford Tk Truck 3FRWX65H88V632774 PA Veh#2: 2005 Ford F450 Truck 1FDXX46P15EB962216 PA (See Special Conditions Below)</b>
EFFECTIVE DATE: <b>09/01/10</b> TIME: <b>12:01</b>		EXPIRATION DATE: <b>09/01/11</b> TIME: <b>12:01 AM</b>	
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:			

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC <input checked="" type="checkbox"/> Replacement Cost <input checked="" type="checkbox"/> Agreed Amount	<b>Blanket Bldg &amp; Per Prop Business Income w Extra Expense</b>  <b>See Spec. Conditions/Other Coverages</b>	<b>1,000</b>   	<b>90</b>  <b>80</b>	<b>\$606,157</b>  <b>\$50,000</b>
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	<b>See Spec. Conditions/Other Coverages</b> RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPROP AGG		<b>\$ 1,000,000</b> <b>\$ 500,000</b> <b>\$ 10,000</b> <b>\$ 1,000,000</b> <b>\$ 2,000,000</b> <b>\$ 2,000,000</b>
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<b>Based on 11 Scheduled Vehicles on file with the Company; Combination First Party Benefits: \$277,500</b>  <b>See Spec. Conditions/Other Coverages</b>	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PNOI UNINSURED MOTORIST <b>Underinsure</b>		<b>\$ 1,000,000</b> <b>\$</b> <b>\$</b> <b>\$</b> <b>\$</b> <b>\$</b> <b>\$ 35,000</b> <b>\$ 35,000</b>
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE # <input checked="" type="checkbox"/> COLLISION: <b>500</b> <input checked="" type="checkbox"/> OTHER THAN COL: <b>1,000</b>	ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ACTUAL CASH VALUE STATED AMOUNT OTHER		<b>\$</b> <b>\$</b> <b>\$</b>
<b>GARAGE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO	<b>Garagekeepers: \$350,000 limit; Comprehensive Deds: \$500/\$2,500; \$350,000 Lmt; Collision Ded: \$500</b>	AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		<b>\$ 1,000,000</b> <b>\$ 1,000,000</b> <b>\$ 3,000,000</b>
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		<b>\$ 1,000,000</b> <b>\$ 1,000,000</b> <b>\$ 0</b> <b>\$</b> <b>\$</b> <b>\$</b>
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		FEES TAXES ESTIMATED TOTAL PREMIUM		<b>\$</b> <b>\$</b> <b>\$</b>
<b>SPECIAL CONDITIONS/OTHER COVERAGES</b> <b>Shady Oak Enterprise's Inc d/b/a Premier Finance Adjusters</b> <b>(See attached Spec Conditions/Other Covs page.)</b>				

NAME & ADDRESS

MORTGAGEE	ADDITIONAL INSURED
LOSS PAYEE	
LOAN #	
AUTHORIZED REPRESENTATIVE <i>[Signature]</i>	