



INSURANCE BINDER

This supercedes and
corrects Binder
B1153113624

DATE (MM/DD/YYYY)
6/01/2011

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

AGENCY Hagedorn & Company 87 Hawkes Ossining NY 10562 PHONE (A/C, No, Ext): (914)762-6100 FAX (A/C, No): (914)762-8793 CODE: SUB CODE: AGENCY CUSTOMER ID: 00003288 INSURED Mitchell, Maxwell & Jackson, Inc. 8 East 41st Street 7th Floor New York NY 10036	COMPANY Continental Casualty Co BINDER # B11060113626 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">DATE</th> <th colspan="2">EFFECTIVE TIME</th> <th colspan="2">EXPIRATION DATE</th> <th colspan="2">TIME</th> </tr> <tr> <td>5/29/2011</td> <td>12:01</td> <td><input checked="" type="checkbox"/></td> <td>AM</td> <td>5/29/2012</td> <td><input checked="" type="checkbox"/></td> <td>12:01</td> <td>AM</td> </tr> <tr> <td></td> <td></td> <td></td> <td>PM</td> <td></td> <td></td> <td></td> <td>NOON</td> </tr> </table> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: REP13314586511 DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)	DATE		EFFECTIVE TIME		EXPIRATION DATE		TIME		5/29/2011	12:01	<input checked="" type="checkbox"/>	AM	5/29/2012	<input checked="" type="checkbox"/>	12:01	AM				PM				NOON
DATE		EFFECTIVE TIME		EXPIRATION DATE		TIME																			
5/29/2011	12:01	<input checked="" type="checkbox"/>	AM	5/29/2012	<input checked="" type="checkbox"/>	12:01	AM																		
			PM				NOON																		

COVERAGES	LIMITS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability	Each Occurrence, \$10,000 General Aggregate, \$10,000 RETRO DATE FOR CLAIMS MADE :	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	1,000,000 1,000,000
VEHICLE 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				
VEHICLE PHYSICAL DAMAGE DED <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	\$ \$
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			FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$

NAME & ADDRESS	MORTGAGEE LOSS PAYEE ADDITIONAL INSURED LOAN # AUTHORIZED REPRESENTATIVE Liz Steele/STELI
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