



INSURANCE BINDER

OP ID BW

DATE (MM/DD/YYYY)
06/12/2009**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY Norwich Insurance Brokers 1129337 Ontario Inc. 13 Stover Street North Norwich ON N0J 1P0 Brenda M. Webber CAIB PHONE (A/C, No, Ext): 519-863-2014 FAX (A/C, No): 519-863-2015 CODE: SUB CODE: AGENCY CUSTOMER ID: ROTAR-8 INSURED Rotary District 6400 c/o Neil McBeth		COMPANY Novex Insurance Company BINDER # 137 DATE EFFECTIVE TIME 08/15/09 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM EXPIRATION DATE TIME 08/15/10 <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON X THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: 551493024 DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) ROTARY SERVICE CLUBS INCLUDING FUND RAISING ACTIVITIES AND SERVICE PROJECTS USUAL TO A SERVICE CLUB, FOUNDATIONS, TRUSTS, YOUTH EXCHANGE, GROUP STUDY EXCHANGE, INTERACT & ROTARACT OPERATIONS & INNER WHEEL	
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COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input checked="" type="checkbox"/> BROAD <input type="checkbox"/> SPEC	PER CLUB BASIS MISC. PROP.FL BROAD FORM MONEY&SECURITY	1000 1000		10000 30000
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 DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$5000000 \$1000000 \$2500 \$5000000 \$5000000 \$5000000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> ABUSE LIMITATION ENDORSEM	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST AGGREGATE		\$5000000 \$ \$ \$ \$ \$ \$ \$1000000
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	RETRO DATE FOR CLAIMS MADE:	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 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 FEES TAXES		\$ \$ \$ \$ \$
SPECIAL CONDITIONS/ OTHER COVERAGES HOST LIQUOR LIABILITY FOR CLUB MEETINGS & FUNDRAISERS LIMIT IS \$5,000,000.00		ESTIMATED TOTAL PREMIUM		\$5,378.20

NAME & ADDRESS

	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE	Brenda M. Webber CAIB

2009 ROTARY WORKSHEET

DISTRICT # 6400

CLUB	MEMBERS	EXTRA'S	PREMIUM	TAX	\$11.84 PER MEM TOTAL
AMHERESTBURG	19		\$224.96	\$18.00	242.96
BELLE RIVER	11		\$130.24	\$10.42	140.66
COTTOM	10	\$540.00	\$658.40	\$52.67	711.07
ESSEX	16	\$35.00	\$224.44	\$17.96	242.40
HARROW	26		\$307.84	\$24.63	332.47
WINDSOR LASALLE	20		\$236.80	\$18.94	255.74
LEAMINGTON	19		\$224.96	\$18.00	242.96
WINDSOR 1918	132	\$600.00	\$2,162.88	\$173.03	2,005.91 2335.91
WINDSOR ROSELAND	52		\$615.68	\$49.25	664.93
WINDSOR ST. CLAIR	50		\$592.00	\$47.36	639.36
	355		\$5,378.20	\$430.26	6,408.46 5808.46