



INSURANCE BINDER

OP ID BW

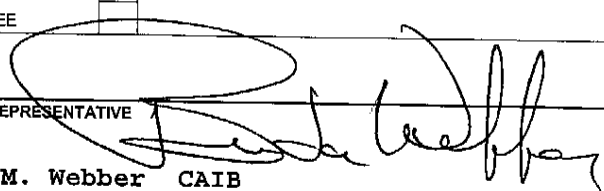
DATE (MM/DD/YYYY)
08/08/2008**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY Norwich Insurance Brokers 1129337 Ontario Inc. 13 Stover Street North Norwich ON N0J 1P0 Brenda M. Webber CAIB		COMPANY ING Novex Insurance Co.		BINDER # 121	
PHONE (A/C, No, Ext): 519-863-2014		FAX (A/C, No): 519-863-2015		DATE EFFECTIVE 08/15/08	
CODE: AGENCY CUSTOMER ID: ROTAR-8		SUB CODE:		TIME 12:01	
INSURED Rotary District 6400		EXPIRATION DATE: 08/15/09		TIME 12:01 AM <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOON	
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		<input checked="" type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: 551493024			

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 \$ 5000000 DAMAGE TO RENTED PREMISES \$ 1000000 MED EXP (Any one person) \$ 2500 PERSONAL & ADV INJURY \$ 5000000 GENERAL AGGREGATE \$ 5000000 PRODUCTS - COMP/OP AGG \$ 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 \$ 5000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ AGGREGATE \$ 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				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 HOST LIQUOR LIABILITY FOR CLUB MEETINGS & FUNDRAISERS LIMIT IS \$5,000,000.00				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$ 6122.29

NAME & ADDRESS

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

Norwich Insurance Brokers
 1129337 Ontario Inc.
 13 Stover Street North
 Norwich, ON N0J 1P0
 Phone : 519-863-2014 Fax : 519-863-2015

INVOICE # 7585		Page 1
ACCOUNT NO.	OE	DATE
ROTAR-8-1001	BW	08/08/08
PRODUCER		
Terry L. Hemsworth		

Rotary District 6400
 c/o Edwin A. Schultz
 1095 South Main Street
 Plymouth, MI 48170

Trn Date	Trn	Description	Amount
08/08/08	REN	Policy renewal-ROTA 2008	\$ 6,122.29
08/08/08	TAX	Policy renewal-ROTA 2008	\$ 489.78
Invoice Balance:			\$ 6,612.07
Account Balance:			\$ 6,612.07

Effective January 1st, 2007 - 2% per month will be charged on all accounts over 30 days.