

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

PRODUCER McLaughlin Insurance Agency 828 Lynn Fells Parkway Melrose MA 02176 John E. McLaughlin Jr.	PHONE (A/C, No, Ext): 781-665-2775 FAX NO. (A/C, No, Ext): 781-665-0295	COMPANY ACE Property & Casualty Ins.	BINDER # 9203
CODE:	SUB CODE:	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
AGENCY CUSTOMER ID: BIGFO-1	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Moving & storage		
INSURED Big Foot Moving & Storage, Inc 30 Park Avenue, Unit #2 Arlington MA 02476			

COVERAGES		LIMITS					
PROPERTY	TYPE AND LOCATION OF PROPERTY	COVERAGE/PERILS/FORMS	AMOUNT	DEDUCTIBLE	COINS %		
LIABILITY		SCHEDULED FORM <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER: _____ MEDICAL PAYMENTS <input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/>	COVERAGE/FORMS FORM: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			EACH OCCURRENCE AGGREGATE	BODILY INJURY \$ PROPERTY DAMAGE \$ BI & PD COMBINED \$ MEDICAL PAYMENTS PER PERSON \$ PER ACCIDENT \$ PERSONAL INJURY \$
AUTOMOBILE LIABILITY			ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$			
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/> COLLISION: _____ OTHER THAN COL: _____		ACTUAL CASH VALUE STATED AMOUNT \$ OTHER					
EXCESS LIABILITY		UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <input type="checkbox"/>			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 1000000 DISEASE - POLICY LIMIT \$ 1000000 DISEASE - EACH EMPLOYEE \$ 1000000					

Policy number assigned: C45844638

SPECIAL CONDITIONS/ OTHER COVERAGES

NAME & ADDRESS

MORTGAGEE	ADDITIONAL INSURED
LOSS PAYEE	
LOAN #	
AUTHORIZED REPRESENTATIVE <i>John McLaughlin</i>	