



# INSURANCE BINDER

DATE (MM/DD/YYYY)  
8/31/2010

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

AGENCY <b>DAVID J. MACCARREALL</b> <b>859 S. MAIN</b> <b>PLYMOUTH, MI 48170</b>		COMPANY <b>MID CENTURY INSURANCE CO.</b>	BINDER # <b>603838141</b>
PHONE (A/C, No, Ext): <b>734-459-9797</b>	FAX (A/C, No): <b>734-459-8866</b>	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE:	SUB CODE:	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)	
AGENCY CUSTOMER ID:	INSURED <b>BARCLAY PARK CONDO ASSOCIATION</b> <b>C/O MEADOW MANAGEMENT</b> <b>27780 NOVI RD., SUITE 110</b> <b>NOVI, MI 48377-3427</b> <b>248-348-5400</b>	<b>LOCATION: 2699 BARCLAY WAY</b> <b>ANN ARBOR, MI 48105</b>	
		DATE EFFECTIVE <b>02/01/10</b>	TIME <b>12:01</b>
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	EXPIRATION DATE <b>02/01/11</b>
		<input checked="" type="checkbox"/>	TIME <b>12:01AM</b> <b>NOON</b>

## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC <input checked="" type="checkbox"/> REPLACEMENT COST	<b>BUILDING VALUE</b> <b>BUSINESS PERSONAL PROPERTY</b> <b>ASSOCIATION FEES</b> <b>BUILDING ORDINANCE, A,B,C</b>	<b>\$10,000</b> <b>\$10,000</b> <b>NIL</b> <b>\$10,000</b>		<b>\$48,000,000</b> <b>\$66,900</b> <b>\$100,000</b> <b>INCLUDED</b>
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	<b>DIRECTORS &amp; OFFICERS LIABILITY</b> <b>\$1,000,000 PER OCCURRENCE</b>			EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES \$ <b>75,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> COMBINED SINGLE LIMIT \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				
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 \$ WC STATUTORY LIMITS
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS/ OTHER COVERAGES	<b>EMPLOYEE DISHONESTY/FIDELITY COVERAGE \$500,000 PLUS</b> <b>\$500,000 EXCESS WITH HARTFORD POLICY #35BDDFT1682</b>			FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

## NAME & ADDRESS

	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE <i>David J Mac Carreall</i>		