



INSURANCE BINDER

DATE (MM/DD/YY)
10/29/15**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

PRODUCER Aon Risk Services Central, Inc. Aon Risk Insurance Services Central, Inc Omaha NE Office CA License # 0D04043 11213 Davenport, Suite 201 Omaha NE 68154 USA		PHONE (A/C, No,Ext): (402) 697-1400	COMPANY Allied Property & Casualty Ins	BINDER # 570000035985
CODE: AGENCY CUSTOMER ID: 570000051467		SUB CODE:		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:
INSURED City of Cedar Rapids 101 First St. SE Cedar Rapids IA 52401 USA		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY(Including Location)		

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE / FORMS	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 type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:		EACH OCCURENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Business Auto Covera	COMBINED SINGLE LIMIT BODILY INJURY (Per Person) BODILY INJURY(Per Accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		\$1,000,000
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	Excess Auto Liabilit RETRO DATE FOR CLAIMS MADE:	EACH OCCURENCE AGGREGATE SELF-INSURED RETENTION		\$4,000,000
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE POLICY LIMIT E.L. DISEASE - EA EMPLOYEE		
SPECIAL CONDITIONS / OTHER COVERAGES	Bound Per Proposal dated October 26th, 2015 based on carrier's renewal quote dated October 21, 2015		FEES TAXES ESTIMATED TOTAL PREMIUM	2,507.00

NAME & ADDRESS		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> OTHER
		LOAN #	
		AUTHORIZED REPRESENTATIVE <i>Aon Risk Services, Inc. of Nebraska</i>	

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars(\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

The below terms, conditions and provisions are hereby attached to the captioned binder as additional description of the coverage afforded by the insurer.

As instructed we have bound the insurance described herein. Policy(ies) or endorsement(s) will be delivered to you as soon as practicable after insurance. This binder does not contain all terms, conditions, coverages or exclusions contained in the policy. Please refer to the policy documents when you receive them for complete specifics.

INSURED

City of Cedar Rapids
 101 First St. SE
 Cedar Rapids IA 52401 USA

Company:

Category:	Losses	Limits	
EXCESS LIABILITY		Aggregate - Limit of Liabi	\$4,000,000

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY(Including Location)

SPECIAL CONDITIONS / OTHER COVERAGES