



# INSURANCE BINDER

DATE (MM/DD/YYYY)  
FEB 24 2017

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

AGENCY AMERICAN SPA & POOL PROS SIS 3250 GREY HAWK COURT CARLSBAD CA 92010  PHONE: (760) 599-7242 FAX: (866) 467-6701 PHONE (A/C. No. Ext): (760) 599-9181 FAX (A/C. No.): (760) 599-9188	COMPANY <b>Preferred Contractors Association Small Program</b>	BINDER # <b>32231</b>
	DATE EFFECTIVE TIME <b>APR 1 2017</b>	DATE EXPIRATION TIME <b>APR 1 2018</b>
CODE: _____ SUB CODE: _____	<input checked="" type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: <b>PCIC5029-PCA9904-07</b>	
AGENCY CUSTOMER ID: 26999	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)	
INSURED POOL TECHNICIANS, INC. C/O JAY SHULTZ 20480 ARTESIA ROAD DESERT HOT SPRINGS CA 92241		

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 checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.	SUBJECT TO DEDUCTIBLE: PROPERTY DAMAGE \$250 BODILY INJURY \$250 PER CLAIM  RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$ 1,000,000
		DAMAGE TO RENTED PREMISES		\$ 50,000
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		MED EXP (Any one person)		\$ 5,000
		PERSONAL & ADV INJURY		\$ 1,000,000
		GENERAL AGGREGATE		\$ 5,000,000
		PRODUCTS - COMP/OP AGG		\$ 1,000,000
		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
AUTO PHYSICAL DAMAGE DEDUCTIBLE COLLISION: _____ OTHER THAN COLL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		\$
		STATED AMOUNT		\$
		OTHER		\$
GARAGE LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		\$
		EACH ACCIDENT		\$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	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		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>Phillip Salvaggio</i> American Spa & Pool Pros	