



# INSURANCE BINDER

OP ID: KS

DATE (MM/DD/YYYY)

08/24/2022

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

<b>AGENCY</b> <b>Norwich Insurance Brokers</b> <b>1129337 Ontario Inc.</b> <b>13 Stover Street North</b> <b>Norwich, ON N0J 1P0</b>		<b>COMPANY</b> <b>Novex Insurance Company</b>		<b>BINDER # 466</b> <b>551493034</b>	
<b>PHONE (A/C, No, Ext): 519-863-2014</b>		<b>FAX (A/C, No): 519-863-2015</b>		<b>Expiration</b> Date: <b>09/01/2022</b> Time: <b>12:01</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM Date: <b>09/01/2023</b> Time: <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
<b>CODE:</b> <b>AGENCY CUSTOMER ID: ROTAR02</b>		<b>SUB CODE:</b>		<b>X</b> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: <b>551493034</b>	
<b>INSURED</b> <b>Rotary District 7070</b> <b>c/o Larry Whatmore</b> <b>373 Rouge Hills Drive</b> <b>Scarborough ON M1C 2Z4</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> <b>ROTARY SERVICE CLUBS INCLUDING FUND RAISING</b> <b>ACTIVITIES AND SERVICE PROJECTS USUAL TO A</b> <b>SERVICE CLUB, FOUNDATIONS, TRUSTS, YOUTH</b> <b>EXCHANGE, GROUP STUDY EXCHANGE, INTERACT &amp;</b> <b>ROTARACT OPERATIONS, INNER WHEEL</b>			

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input checked="" type="checkbox"/> BROAD <input type="checkbox"/> SPEC	<b>MISC. PROPERTY FLOATER</b> <b>CRIME 2.0</b> <b>EMPLOYEE DISHONESTY</b> <b>ABUSE LIMITATION ENDORSEMENT</b>	<b>2,500</b> <b>2,500</b> <b>2,500</b>		<b>25,000</b> <b>30,000</b> <b>50,000</b> <b>1,000,000</b>
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ <b>5,000,000</b> DAMAGE TO RENTED PREMISES \$ <b>5,000,000</b> MED EXP (Any one person) \$ <b>50,000</b> PERSONAL & ADV INJURY \$ <b>5,000,000</b> GENERAL AGGREGATE \$ <b>10,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b>
<b>AUTOMOBILE LIABILITY</b> <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				COMBINED SINGLE LIMIT \$ <b>5,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
<b>AUTO PHYSICAL DAMAGE</b> 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
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
<b>WORKER'S COMPENSATION and EMPLOYER'S LIABILITY</b>				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b> <b>D &amp; O ASSOCIATION LIABILITY, CLAIMS MADE FORM, \$3,000,000 LIMIT</b> <b>HOST LIQUOR LIABILITY \$5,000,000 LIMIT</b> <b>TENANTS LEGAL LIABILITY \$1,000,000 LIMIT</b>				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$ <b>50,046.00</b>

**Name & Address**

	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	<b>AUTHORIZED REPRESENTATIVE</b> <b>Kelsey Schaafsma</b>	

**NOTES:**

INSURED'S NAME **Rotary District 7070**

**ROTAR02**

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