



# INSURANCE BINDER

OP ID: KS

DATE (MM/DD/YYYY)

06/12/2020

**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 # 419</b> <b>551493034</b>	
<b>PHONE (A/C, No, Ext): 519-863-2014</b>		<b>FAX (A/C, No): 519-863-2015</b>		<b>THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #551493034</b>	
<b>AGENCY CUSTOMER ID: ROTAR02</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> <b>ROTARY SERVICE CLUBS INCLUDING FUND RAISING ACTIVITIES AND SERVICE PROJECTS USUAL TO A SERVICE CLUB, FOUNDATIONS, TRUSTS, YOUTH EXCHANGE, GROUP STUDY EXCHANGE, INTERACT &amp; ROTARACT OPERATIONS, INNER WHEEL</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>NOVEX INSURANCE COMPANY</b> <b>1000 SHEPPARD AVENUE EAST</b> <b>UNIT 100</b> <b>SCARBOROUGH ON M1B 3Y9</b>		<b>NOVEX INSURANCE COMPANY</b> <b>1000 SHEPPARD AVENUE EAST</b> <b>UNIT 100</b> <b>SCARBOROUGH ON M1B 3Y9</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>PER CLUB BASIS MISC. PROP.FL</b> <b>BROAD FORM MONEY &amp; SECURITY</b>	<b>1000</b> <b>1000</b>		<b>10000</b> <b>30000</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 DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$	<b>5000000</b> <b>1000000</b> <b>2500</b> <b>5000000</b> <b>10000000</b> <b>5000000</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 <input checked="" type="checkbox"/> ABUSE LIMITATION ENDORSEM		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST <b>AGGREGATE</b>	\$ \$ \$ \$ \$ \$ \$	<b>5000000</b>       <b>1000000</b>
<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>COMBINED DIRECTORS &amp; OFFICERS &amp; ERRORS &amp; OMISSIONS POLICY LIMIT = \$2,000,000.00 (CLAIMS MADE FORM)</b> <b>HOST LIQUOR LIABILITY LIMIT OF \$5,000,000.00</b>	FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	<b>40,373.00</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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