



INSURANCE BINDER

DATE (MM/DD/YYYY) 10/27/2020

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY National Insurance Brokerage of New York, Inc. 175 Oval Drive Islandia NY 11749 PHONE (A/C. No, Ext): (631) 273-4242 FAX (A/C. No): (631) 273-8990 CODE: SUB CODE:	COMPANY Continental Casualty Company	BINDER # B20102713704											
	<table border="1"> <tr> <th>DATE</th> <th>EFFECTIVE</th> <th>TIME</th> <th>DATE</th> <th>EXPIRATION</th> <th>TIME</th> </tr> <tr> <td>10/27/2020</td> <td>12:01</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> <td>11/26/2020</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> NOON</td> <td></td> </tr> </table>	DATE	EFFECTIVE	TIME	DATE	EXPIRATION	TIME	10/27/2020	12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	11/26/2020	<input checked="" type="checkbox"/> AM <input type="checkbox"/> NOON	
DATE	EFFECTIVE	TIME	DATE	EXPIRATION	TIME								
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AGENCY CUSTOMER ID: 00017945 INSURED AND MAILING ADDRESS Insignia Realty Associates, LLC. 1363 Veterans Memorial Highway Suite 9 Hauppauge NY 11788		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: RFB65261481220											
DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location)													

TYPE OF INSURANCE	COVERAGE / FORMS	LIMITS		
		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 <input checked="" type="checkbox"/> Professional Liability	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$		
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$		
VEHICLE PHYSICAL DAMAGE DED <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 \$		
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 \$		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE 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

NAME & ADDRESS	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
	LOAN #:	
	AUTHORIZED REPRESENTATIVE Frank Cormio/KERRI	