



INSURANCE BINDER

DATE (MM/DD/YYYY)
4/28/2017

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

AGENCY Paul & Dixon Insurance Agency, Inc. 388 County Street New Bedford MA 02740		COMPANY Continental Insurance Co		BINDER # B1742819699	
PHONE (A/C, No, Ext): (508) 996-8593		FAX (A/C, No): (508) 990-1784		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY	
CODE:		SUB CODE:		PER EXPIRING POLICY #: 287022369	
AGENCY CUSTOMER ID: 00006278		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location)			
INSURED AND MAILING ADDRESS Copley Fund Inc. PO Box 3287 Fall River MA 02721					

COVERAGES		LIMITS	
TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	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"/> BOND	FINANCIAL INSTITUTION BOND 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	\$ 525,000 \$ \$ \$ \$ \$
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 FINANCIAL INSTITUTION BOND \$525,000 LIMIT / DEDUCTIBLE \$5,000 POLICY PERIOD 4/24/2017-4/24/2018		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$

NAME & ADDRESS Proof of Coverage	<input type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #:	
	AUTHORIZED REPRESENTATIVE Rachael Monteiro, CISR/RLM 	