



INSURANCE BINDER

OP ID: AH

DATE (MM/DD/YYYY)

02/09/2012

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

AGENCY Cottingham & Butler, Inc. 900 Main Street Dubuque, IA 52001 Richard V. McKay		COMPANY Discover P&C - A Travelers Co.		BINDER # 51534	
PHONE (AG. No. Exp): 563-587-5000		FAX (AG. No.): 563-583-7339		DATE EFFECTIVE TIME	
CODE:		SUB CODE:		EXPIRATION DATE TIME	
AGENCY CUSTOMER ID: D&DSEX1		INSURED D & D Sexton, Inc. Mr. Dean Sexton P. O. Box 156 Carthage MO 64836		<input checked="" type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # D200A00822 DATE: 03/01/12 TIME: 12:01 X AM PM DATE: 03/01/13 TIME: <input checked="" type="checkbox"/> 12:01 AM NOON	
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)					

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 type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input 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 - COMPOUND AGG \$	
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			COMBINED SINGLE LIMIT \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ 5000 PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ STATUTORY	
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COLL: _____			ACTUAL CASH VALUE STATED AMOUNT \$ OTHER	
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 \$ 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 THIS INSURANCE BINDER IS SUBJECT TO TERMS AND CONDITIONS AS OUTLINED IN THE PROPOSAL.			FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$	

NAME & ADDRESS

	<input type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE <i>Richard V McKay</i>		