



Note: Providing Coverage Binder - Policy to follow

MIKSAJE

INSURANCE BINDER

DATE (MM/DD/YYYY)
12/31/2020

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

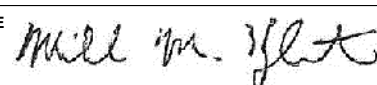
AGENCY Hylant - Cleveland 6000 Freedom Sq Dr, Ste 400 Independence, OH 44131		COMPANY Cincinnati Insurance Co		BINDER # 32548	
PHONE (A/C, No, Ext): (216) 447-1050		FAX (A/C, No): (216) 447-4088		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE: 34-578		SUB CODE:		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) 2021-2022 Business Auto Binder	
AGENCY CUSTOMER ID: INSUBOA-01		INSURED AND MAILING ADDRESS Insurance Board 700 Prospect Ave, 8th Floor Cleveland, OH 44115		DATE EFFECTIVE TIME 01/01/2021 12:01	
				DATE EXPIRATION TIME 01/01/2022 12:01 AM	

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 - 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 Coverage bound per attached Summary of Coverage		FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$		

NAME & ADDRESS

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

Commercial Auto

HYLANT

INSURANCE COMPANY
AM BEST RATING
POLICY TERM
POLICY NUMBER

Cincinnati Insurance Co.
A+ XV
1/1/21 to 1/1/22
EBA0596737

LIMITS OF LIABILITY

Liability - Any Auto (Symbol 1)	\$1,000,000
Personal Injury Protection - Statutory (Symbol 5)	Statutory Maximum
Auto Medical Payments - Owned Autos Only (Symbol 2)	\$10,000
Uninsured Motorists - Owned Autos Only (Symbol 2)	\$1,000,000
Underinsured Motorists - Owned Autos Only (Symbol 2)	\$1,000,000
Physical Damage Coverage	\$250,000

COVERAGE INCLUDES

Broad Named Insured	Yes
Cancellation-90 Days except 10 Days for Nonpayment	Yes
Additional Insured - (Where Required by Contract)	Yes
Primary/Noncontributory Wording (Where Required by Contract)	Yes
Bodily Injury redefined to include mental anguish	Yes
Bail Bond Costs required because of covered accident	\$4,000
Loss of earnings for time off work at carrier request	\$250/day
Transportation expenses (Towing) after theft of covered private passenger vehicle	\$50/day, \$1500 max
Loss of use coverage for qualified losses	\$20/day, \$600 max
Newly acquired autos	30 days
Employees As Insureds	Yes
Fellow Employee Coverage Included	Yes
Hired Autos Physical Damage	\$50,000/ loss of use \$3,000
Broadened injury redefined to include mental anguish	Yes
Gap Coverage - Private Passenger Vehicles	Greater of amount owed or ACV
Newly formed or Acquired Organizations	Up to 180 Days
Notice of Accident Broad Form	Yes
Rental Reimbursement	\$50 day/30 days, outside deductible
Towing and Labor	Included in base from and outside deductible
Waiver of Glass Deductible if Repaired	Yes
Waiver of Subrogation	Yes, where required by written contract
Unintentional Errors & Omissions	Yes
MAJOR EXCLUSIONS	
Per Policy Form	Yes

Confidentiality Statement: "The information provided in this document is strictly confidential. It is provided by Hylant solely for the use of the respective brokers, agents and insurers selected to underwrite this client's insurance program and/or surety. No other use of or distribution of this material is permitted or authorized by this client. All Hylant documents are subject to our record retention policy. Please refer to our website at www.hylant.com for a complete listing of all document types and retention periods for any documents stored within the Hylant organization."

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.