



INSURANCE BINDER

DATE (MM/DD/YYYY)
2/2/2018**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.**

AGENCY Cross Insurance 475C High Street Somersworth NH 03878		COMPANY Selective Insurance Group		BINDER # B182236189	
PHONE (A/C, No, Ext): (603) 742-2552		FAX (A/C, No): (603) 742-4509		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: BINDERPKG	
CODE: _____ SUB CODE: _____		AGENCY CUSTOMER ID: 00454983		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location)	
INSURED AND MAILING ADDRESS Responsible Disposal Services, LLC 18 Celina Ave Unit 18 Nashua NH 03063		Loc# 00001/Bldg# 00001 18 Celina Ave Unit 18 Nashua, NH			
		DATE EFFECTIVE	TIME	DATE EXPIRATION	TIME
		2/2/2018	12:01	3/4/2018	12:01 AM NOON

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Business Income & Extra Expense, Special form Contents, Special form Equipment Breakdown, Comprehensive	1,000 1,000	90	100,000 100,000 Include
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE	\$	1,000,000
		DAMAGE TO RENTED PREMISES	\$	500,000
		MED EXP (Any one person)	\$	15,000
		PERSONAL & ADV INJURY	\$	1,000,000
		GENERAL AGGREGATE	\$	2,000,000
		PRODUCTS - COMP/OP AGG	\$	2,000,000
VEHICLE LIABILITY <input checked="" 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 Medical payments Uninsured/Underinsured Motorist BI 2002 GMC/7H4 1GDJ7H1E32J901218	COMBINED SINGLE LIMIT	\$	1,000,000
		BODILY INJURY (Per person)	\$	
		BODILY INJURY (Per accident)	\$	
		PROPERTY DAMAGE	\$	
		MEDICAL PAYMENTS	\$	5,000
		PERSONAL INJURY PROT	\$	
		UNINSURED MOTORIST	\$	1,000,000
			\$	
VEHICLE PHYSICAL DAMAGE DED <input checked="" type="checkbox"/> COLLISION: 500 <input checked="" type="checkbox"/> OTHER THAN COL: 500	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	Umbrella(C) RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE	\$	3,000,000
		AGGREGATE	\$	
		SELF-INSURED RETENTION	\$	10,000
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

	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #:	
	AUTHORIZED REPRESENTATIVE	
	Matt D'Arcy/QNV	

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.

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
2	2000 International/470 1HTSCAAM7YH232439	UMUIM		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
1,000,000				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
2	2000 International/470 1HTSCAAM7YH232439	CSL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
1,000,000				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
2	2000 International/470 1HTSCAAM7YH232439	COLL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			500	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
2	2000 International/470 1HTSCAAM7YH232439	COMP		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			500	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
2	2000 International/470 1HTSCAAM7YH232439	MEDPM		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
5,000				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
3	2004 Chevrolet/Silverado 1GBJK34U24E261821	CSL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
1,000,000				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
3	2004 Chevrolet/Silverado 1GBJK34U24E261821	MEDPM		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
5,000				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
3	2004 Chevrolet/Silverado 1GBJK34U24E261821	UMUIM		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
1,000,000				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
3	2004 Chevrolet/Silverado 1GBJK34U24E261821	COMP		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			500	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
3	2004 Chevrolet/Silverado 1GBJK34U24E261821	COLL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			500	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
	Uninsured/Underinsured Motorist BI	UMUIM		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
1,000,000				Premium

ADDITIONAL COVERAGES

Ref #	Description Combined single limit	Coverage Code CSL	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Comprehensive	Coverage Code COMP	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount 2,500	Deductible Type	Premium
Ref #	Description Collision	Coverage Code COLL	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount 2,500	Deductible Type	Premium
Ref #	Description Medical payments	Coverage Code MEDPM	Form No.	Edition Date	
Limit 1 5,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium