

INSURANCE BINDER

ISSUE DATE (MM/DD/YY)
09/02/2010

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

PRODUCER R J AHMANN COMPANY EDEN PRAIRIE MN C/O: MIDWEST GENERAL AGENCY 3300 BIRCH STREET EAU CLAIRE WI 54702-5420 CODE 0990100 SUB-CODE		COMPANY SCOTTSDALE INSURANCE COMP		BINDER NO. MS33794	
		EFFECTIVE DATE: 09/01/2010 TIME: 12:01		EXPIRATION DATE: 11/30/2010 TIME: 12:01AM	
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input checked="" type="checkbox"/> NOON	
		<input checked="" type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO: XLS0061934			
INSURED THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS DISTRICT 5M, C/O CRM 250 PRAIRIE CENTER DRIVE #200 EDEN PRAIRIE MN 55344		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) LIONS CLUB			

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINSUR.
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 type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE \$ PRODUCTS — COM/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$		
AUTOMOBILE 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 <input type="checkbox"/> GARAGE LIABILITY	THE INSURANCE IS ISSUED PURSUANT TO THE MINNESOTA SURPLUS LINES INSURANCE ACT THE INSURER IS AN ELIGIBLE SURPLUS LINES INSURER BUT IT IS NOT OTHERWISE LICENSED BY THE STATE OF MINNESOTA. IN CASE OF INSOLVENCY, PAYMENT OF CLAIMS IS NOT GUARANTEED.	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT. \$ UNINSURED MOTORIST \$		
AUTO PHYSICAL DAMAGE DEDUCTIBLE <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 \$ OTHER		
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		STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$		

SPECIAL CONDITIONS/OTHER COVERAGES
 EXCESS LIABILITY
 LIMIT: \$1,000,000

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