



INSURANCE BINDER

DATE (MM/DD/YYYY)
11/1/2018

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

AGENCY Breckenridge Insurance Services LLC 3870 South Linbergh Suite100 St. Louis, MO 63127		COMPANY United National		BINDER # HIP0002439
PHONE (A/C, No, Ext): 314-725-8394		FAX (A/C, No): 314-725-4317		<input checked="" type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: HIP0002046
CODE:		SUB CODE:		
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Home Inspector-Multi Inspector Company		
INSURED TAHI Services PLLC dba The Austin Home Inspector 3571 Far West Blvd #101 Austin, TX 78731				

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input type="checkbox"/> _____ <input type="checkbox"/> _____				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____	EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS – COMP/OP AGG \$ _____ RETRO DATE FOR CLAIMS MADE:			
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"/> _____ <input type="checkbox"/> _____	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	<input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> STATED AMOUNT \$ _____ <input type="checkbox"/> OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ <input type="checkbox"/> _____		AUTO ONLY – EA ACCIDENT \$ _____ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ _____ AGGREGATE \$ _____		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA A FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ SELF-INSURED RETENTION \$ _____		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		<input type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ _____ E.L. DISEASE – EA EMPLOYEE \$ _____ E.L. DISEASE – POLICY LIMIT \$ _____		
SPECIAL CONDITIONS/ OTHER COVERAGES	E&O Professional liability limit-\$100,000per claim/\$300,000ea.aggreg,preferred coverage,\$2500 retention,defense within the limit,claims made,based on \$250,000 revenue,retro date11-10-2014, The Austin Home Inspector retro date 11-10-2012, contingent BI&PD liability, Excluded: referral agent, radon mitigation,mold,mildew,china drywall,tainted materials,asbestos,as per policy terms and conditions, No known circumstance exclusion"premium \$1835.00.	FEES \$ _____ TAXES \$ _____ \$ _____ ESTIMATED TOTAL PREMIUM		

NAME & ADDRESS

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

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. 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 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 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.