

**INSURANCE BINDER****Service Lloyds**  
INSURANCE COMPANY

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT. SUBJECT TO THE CONDITIONS SHOWN AT THE BOTTOM OF THIS FORM

**COMPANY:**Service Lloyds Insurance Company  
PO Box 26850  
Austin, Texas 78755-0800**DATE ISSUED:** MM/DD/YYYY**POLICY NO:** TBD**INSURED:**ABC Company  
Address  
City, TX Zip+4**AGENT:**Agency  
Address  
City, TX Zip+4**EFFECTIVE 12:01A.M.:** MM/DD/20XX **EXPIRATION 12:01A.M.:** MM/DD/20XX**COVERAGE:****Coverage A - Contractual Liability and****Coverage B - Employer's Liability**

Limits of Liability – Combined Single Limit

Each Employee:	\$ <u>1,000,000</u>
Each Occurrence	\$ <u>10,000,000</u>
Policy Aggregate	\$ <u>25,000,000</u>

Self Insured Retention: \$ 1,000Indemnity Period **156** weeks Weekly Indemnity (Maximum) **\$700****AUTHORIZED REPRESENTATIVE:****CONDITIONS**

This Company binds the kind of insurance stipulated above. The Insurance is subject to the terms, conditions and limitations of the policy 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.