



# ACORD™ INSURANCE BINDER

DATE (MM/DD/YYYY)

04/12/2011

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

AGENCY <b>VGM Insurance</b> PO Box 1328 1111 W. San Marnan Drive Waterloo, IA 50704 PHONE (A/C, No, Ext) <b>800.362.3363</b> FAX (A/C, No) <b>319.235.6656</b> CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: <b>00027460</b> INSURED <b>Bay Area Medical Supply Sales &amp; Rental LLC</b> 467 Norwood Circle Santa Clara, CA 95051	COMPANY <b>Benchmark Insurance Company</b> BINDER # <b>B11041232491</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DATE</td> <td style="width:25%;">EFFECTIVE</td> <td style="width:25%;">TIME</td> <td style="width:25%;">EXPIRATION</td> </tr> <tr> <td><b>04/07/2011</b></td> <td><b>12:01</b></td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> <td><b>05/07/2011</b></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON</td> </tr> </table> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) <b>SALES/RENTAL OF DURABLE MEDICAL EQUIPMENT</b>	DATE	EFFECTIVE	TIME	EXPIRATION	<b>04/07/2011</b>	<b>12:01</b>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<b>05/07/2011</b>				<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
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**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 checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIAB. RETRO DATE FOR CLAIMS MADE: _____		EACH OCCURRENCE \$ <b>300,000</b> DAMAGE TO RENTED PREMISES \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>300,000</b> GENERAL AGGREGATE \$ <b>300,000</b> PRODUCTS - COMP/OP AGG \$ <b>300,000</b>		
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"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COL: _____				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				WC STATUTORY LIMITS 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"/> LOSS PAYEE LOAN # _____	ADDITIONAL INSURED _____ AUTHORIZED REPRESENTATIVE <b>John Boardsen/CRYS</b>
		<i>John Boardsen</i>

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Bay Area Medical Supply Sales & Rental LLC

Supplement to Binder # B11041232491  
VGM Insurance

04/12/2011

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**Additional Named Insureds**

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**Named Insured**

**Entity Type**

Bradford Medical Supply

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**Locations List**

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Loc #	Bldg #	Address, County, City, State Zip
00001	00001	467 Norwood Circle  Santa Clara, CA 95051
00002	00001	106 Lawrence Station Rd  Sunnyvale, CA 94087