



INSURANCE BINDER

DATE (MM/DD/YYYY)
12/22/2016**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY Capacity Coverage Company of NJ Inc One International Blvd 3rd Floor Mahwah NJ 07495		COMPANY Continental Casualty Company		BINDER # B16122252554	
PHONE (A/C, No, Ext): (201)661-2000		FAX (A/C, No): (201)661-2499		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: RMP2082572078	
CODE: 00035799		SUB CODE:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) LOCATIONS ON FILE WITH COMPANY AND PERMA	
INSURED New Jersey Utility Authorities Joint Insurance Fund c/o PERMA Risk Management 9 Campus Dr. Suite 216 Parsippany NJ 07054		DATE EFFECTIVE TIME 1/1/2017 12:01		EXPIRATION DATE TIME 1/1/2018 12:01 AM X PM 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	Any One Occurrence Limit Boiler & Machinery - Equipment Breakdown Underground & Outfall Pipe Mobile & Contractors Equipment	25,000 5,000 250,000 25,000		150,000,000 150,000,000 5,000,000 5,000,000
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$ \$ \$ \$ \$ \$
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"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	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

		MORTGAGEE	ADDITIONAL INSURED
		LOSS PAYEE	
		LOAN #	
		AUTHORIZED REPRESENTATIVE	
		Carl Gerson/PRJZIM	

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 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 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 Named Insureds

Other Named Insureds

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
Blnk	Underground Piping, 5,000,000	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
5,000,000			250,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Blnk	Outfall Piping, 5,000,000	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
5,000,000			250,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Blnk	Mobile Equipment; To, 5,000,000	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
5,000,000			25,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Blnk	Ordinance Or Law-Und, 150,000,000	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
150000000			25,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Blnk	Demolition & ICC, 10,000,000	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
10,000,000			25,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Blnk	Valuable Papers, 10,000,000			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Blnk	Earthquake, 100,000,000			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
100000000			100,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Blnk	Flood (Excl. Zones A, 20,000,000			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
20,000,000			100,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Blnk	Extra Expense, 20,000,000	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
20,000,000			25,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Blnk	Unscheduled Location, 5,000,000	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
5,000,000			25,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Blnk	See Policy for addit			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Any One Occurrence, 150,000,000	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
150000000			25,000	
Premium				
1	00001, Schedule of Member Author, Flood (Except Zones , 20,000,000	SPECL		
20,000,000			100,000	
Premium				
1	00001, Schedule of Member Author, Flood (Zone B & Shad, 10,000,000	SPECL		
10,000,000			100,000	
Premium				
1	00001, Schedule of Member Author, Earthquake, 100,000,000	SPECL		
100000000			100,000	
Premium				
1	00001, Schedule of Member Author, Boiler & Machinery, 150,000,000	SPECL		
150000000			5,000	
Premium				
1	00001, Schedule of Member Author, PROPERTY - SUB-LIMIT			
Premium				
1	00001, Schedule of Member Author, Extra Expense, 20,000,000	SPECL		
20,000,000			25,000	
Premium				
1	00001, Schedule of Member Author, Newly Aquired Proper, 10,000,000	SPECL		
10,000,000			25,000	
Premium				
1	00001, Schedule of Member Author, Property in course o, 5,000,000	SPECL		
5,000,000			25,000	
Premium				
1	00001, Schedule of Member Author, Underground Pipe, 5,000,000	SPECL		
5,000,000			250,000	
Premium				
1	00001, Schedule of Member Author, Outfall Pipe, 5,000,000	SPECL		
5,000,000			250,000	
Premium				

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Mobile Equipment, 5,000,000	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
5,000,000			25,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Debris Removal, 5,000,000	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
5,000,000			25,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Expediting Expense (, 1,000,000	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
1,000,000			25,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, EDP Equipment, included	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Included			25,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Valuable Papers, 10,000,000	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
10,000,000			25,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Accounts Receivable, 10,000,000	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
10,000,000			25,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Ordinance or Law-und, Included	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Included			25,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Demolition & Increas, 10,000,000	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
10,000,000			25,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, BOILER & MACHINERY	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Hazardous Substance, 1,000,000	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Perishable Goods/Spo, 1,000,000	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Ammonia Contaminatio, 1,000,000	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Off Premises Service, 2,500,000	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			24	Hours
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Business Interruptio, 2,500,000	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
2,500,000			24	Hours
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, CFC Refrigerants, Included	SPECL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Included			5,000	Hours
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, GAS TURBINE-DEDUCTIB			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, \$25 per KW or \$25,00			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, WHICHEVER IS GREATE			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, WIND TURBINE-DEDUCTI			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			100,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Internal Combustion			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			50,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Hydro Turbines & Equ			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			100,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, Brick Township Busin, 2,500,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
2,500,000			72	Hours

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, Schedule of Member Author, All MUA's w/ Undecla, 250,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
250,000			72	Hours
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
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