



INSURANCE BINDER

DATE (MM/DD/YYYY)
1/26/2011

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

AGENCY V W Brown Insurance Services 10380 Old Columbia Rd. Ste 104 Columbia MD 21046		COMPANY Erie Insurance Group		BINDER # B1112602885	
PHONE (A/C, No, Ext): (410) 730-2688 FAX (A/C, No): (410) 730-0219		DATE EFFECTIVE TIME 2/1/2011 12:01		EXPIRATION DATE TIME 3/3/2011 12:01 AM	
AGENCY CUSTOMER ID: 00015042 INSURED Metropolitan Industries, Inc. 5014 46th Avenue Hyattsville MD 20781		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: TBD			
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Home Furnishing Installation Contractor 5014 46th Avenue, Hyattsville, MD 20781					

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	Building	1,000	90	1,820,000
	Business Personal Property	1,000	90	520,000
	Income Protection	n/a		500,000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE :	EACH OCCURRENCE		\$ 1,000,000
		DAMAGE TO RENTED PREMISES		\$ 1,000,000
		MED EXP (Any one person)		\$ 5,000
		PERSONAL & ADV INJURY		\$ 1,000,000
		GENERAL AGGREGATE		\$ 3,000,000
		PRODUCTS - COMP/OP AGG		\$ 3,000,000
		COMBINED SINGLE LIMIT		\$ 1,000,000
VEHICLE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE :	BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$ 2,500
		UNINSURED MOTORIST		\$ 1,000,000
VEHICLE PHYSICAL DAMAGE DED <input checked="" type="checkbox"/> COLLISION: 1,000 <input checked="" type="checkbox"/> OTHER THAN COL: 1,000	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	<input checked="" type="checkbox"/> ACTUAL CASH VALUE		\$
		<input type="checkbox"/> STATED AMOUNT		\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	RETRO DATE FOR CLAIMS MADE :	AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		\$
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE :	EACH OCCURRENCE		\$ 5,000,000
		AGGREGATE		\$ 5,000,000
		SELF-INSURED RETENTION		\$ 0
		<input checked="" type="checkbox"/> WC STATUTORY LIMITS		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	RETRO DATE FOR CLAIMS MADE :	E.L. EACH ACCIDENT		\$ 500,000
		E.L. DISEASE - EA EMPLOYEE		\$ 500,000
		E.L. DISEASE - POLICY LIMIT		\$ 500,000
SPECIAL CONDITIONS/ OTHER COVERAGES Other coverages as outlined in proposal dated 02/01/2011.	RETRO DATE FOR CLAIMS MADE :	FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

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