

# INSURANCE BINDER

ISSUE DATE 5/25/2010

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN BELOW.

<b>PRODUCER</b> HOWARD EALES, INC. 5157 MACARTHUR BLVD., NW WASHINGTON DC 20016-0000	<b>COMPANY</b> National Interstate Insurance Company - 32620		<b>BINDER NO.</b> 01995	
	<b>EFFECTIVE</b> DATE: 05/25/2010 TIME: 12:01 AM		<b>EXPIRATION</b> DATE: 07/25/2010 TIME: 12:01 AM	
<b>INSURED</b> ELITE TOURS, LLC 2121 E. WILLIAMS ST. UNIT 102 APEX NC 27539	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # :			
	<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY</b> MOTOR COACH OPERATOR			

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGES/FORMS	AMOUNT	DEDUCTIBLE	COINSUR.
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____				
<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Per Occurrence <input type="checkbox"/> Owner's & Contractor's Prot.		General Aggregate Products-Comp/Op Aggregate Personal & Adv. Injury Each Occurrence Fire Damage (Per person) Med. Expense (Per person)		
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos		Combined Single Limit Bodily Injury (Per person) Bodily Injury (Per accident) Property Damage Medical Payments Personal Injury Protection Uninsured Motorist	\$100,000.00	
<b>AUTOMOBILE PHYSICAL DAMAGE</b> <input checked="" type="checkbox"/> Collision <input checked="" type="checkbox"/> Other Than Collision	<input type="checkbox"/> All Vehicles <input checked="" type="checkbox"/> Scheduled Vehicles Deductible \$2,500.00 Deductible \$2,500.00	<input type="checkbox"/> Actual Cash Value <input checked="" type="checkbox"/> Stated Amount <input type="checkbox"/> Other		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input checked="" type="checkbox"/> Other Than Umbrella Form		Each Occurrence Aggregate Self Insured Retention	\$4,900,000.00	
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		Each Accident Disease - Policy Limit Disease - Each Employee		

**SPECIAL CONDITIONS / OTHER COVERAGES**

**CONDITIONS**  
 This Company binds the kind(s) of insurance above. 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 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.

**AUTHORIZED REPRESENTATIVE**  
