

ACORD INSURANCE BINDER

DATE
03/15/2007

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

PRODUCER: Merriam Insurance Agency 376 Broadway P O Box 1038 Schenectady, NY 12301-1038 PHONE (518)393-2109 FAX (518)346-0996 CODE: 5758 SUB CODE: AGENCY 00007056 CUSTOMER ID INSURED: Title Direct LLC 177 N. Main Street Ste. 250 Plymouth, MI 48170	COMPANY: American International Group BINDER # B07031503347 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">EFFECTIVE</th> <th colspan="2">EXPIRATION</th> </tr> <tr> <td>DATE</td> <td>TIME</td> <td>DATE</td> <td>TIME</td> </tr> <tr> <td>03/13/2007</td> <td>12:01</td> <td>03/13/2008</td> <td>12:01 AM</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> AM</td> <td></td> <td><input checked="" 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) Title Agent/Abstractor/Escrow Agent 177 N. Main Street Suite 250 Plymouth, MI 48170	EFFECTIVE		EXPIRATION		DATE	TIME	DATE	TIME	03/13/2007	12:01	03/13/2008	12:01 AM		<input checked="" type="checkbox"/> AM		<input checked="" type="checkbox"/> NOON
EFFECTIVE		EXPIRATION															
DATE	TIME	DATE	TIME														
03/13/2007	12:01	03/13/2008	12:01 AM														
	<input checked="" type="checkbox"/> AM		<input checked="" type="checkbox"/> NOON														

COVERAGES	LIMITS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR X Professional Liability Policy #9669938 Retention = \$10,000 RETRO DATE FOR CLAIMS MADE: 10/12/2005	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/SP AGG \$			
AUTOMOBILE 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 \$			
AUTO PHYSICAL DAMAGE DEDUCTIBLE <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 \$ OTHER \$			
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 \$ TWO STATUTORY LIMITS			
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$			
SPECIAL CONDITIONS/ OTHER COVERAGES As per policy. Defense costs are inside the liability limit.	FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$			

NAME & ADDRESS _____ _____ _____	MORTGAGE LOSS PAYEE ADDITIONAL INSURED LOAN # AUTHORIZED REPRESENTATIVE <div style="text-align: right; font-family: cursive; font-size: 1.2em;"> Lisa K Hardy </div>
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