



**ARTHUR J. GALLAGHER & CO-CLEVELAND
GALLAGHER PIPINO, INC.**

MK-Ferguson Plaza
1500 West Third Street, Suite 405
Cleveland, Ohio 44113
Phone #216-566-9799
Fax #216-566-9977

----- **INVOICE** -----

City of Columbus
50 West Gay Street
Columbus, OH 43215

Invoice Date 07/30/03
Invoice No. 45555
Bill-To Code COLUMBU
Client Code COLUMBU
Inv. Order No. 330*45555

Named Insured: City of Columbus

Amount Remitted: \$

Please return this portion with your payment.

Make checks payable to: Gallagher Pipino, Inc.

Effective Date	Policy Period	Coverage Description	Transaction Amount
08/01/03	08/01/03 to 08/01/04	Travelers Insurance Company Policy No. BINDER24898 *Renewal - Commercial Property *Option - Terrorism	\$287,341.00 \$13,267.00
PLEASE MAKE CHECKS PAYABLE TO GALLAGHER PIPINO, INC. 7600 MARKET STREET YOUNGSTOWN, OH 44513-3849 Invoice Number: 45555 Amount Due:			\$300,608.00

***Premiums Due and Payable on Effective Date**

ACORD™ INSURANCE BINDER

DATE
07/30/03

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

PRODUCER Arthur J. Gallagher & Co. M-K Ferguson Plaza 1500 West Third Street Cleveland, Ohio 44113		PHONE (A/C, No, Ext): 800-272-3495 FAX (A/C, No): 216-566-9977	COMPANY Travelers Casualty and S	BINDER # BINDER24898
AGENCY CUSTOMER ID: 3226 INSURED City of Columbus 50 West Gay Street Columbus, OH 43215	SUB CODE:	DATE EFFECTIVE 08/01/03	TIME 12:01	EXPIRATION DATE 10/01/03
		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:		TIME <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
		DESCRIPTION OF OPERATIONS/VEHICLES Property Coverage		

ANY PERSON WHO, WITH INTENT TO DEFAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

COVERAGES

LIMITS

TYPE OF INSURANCE	CAUSES OF LOSS	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY	<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Building Blanket & Contents Flood Aggregate Earthquake Aggregate			100,000,000 \$20,000,000 \$20,000,000
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 \$
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	RETRO DATE FOR CLAIMS MADE:			COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
AUTO PHYSICAL DAMAGE	<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	RETRO DATE FOR CLAIMS MADE:			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		RETRO DATE FOR CLAIMS MADE:			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 LOSS PAYEE	ADDITIONAL INSURED
LOAN #	
AUTHORIZED REPRESENTATIVE <i>Arthur J. Gallagher</i>	