

**BINDER-RECEIPT**

- STATE FARM FIRE AND CASUALTY COMPANY
- STATE FARM GENERAL INSURANCE COMPANY
- STATE FARM FLORIDA INSURANCE COMPANY
- STATE FARM LLOYDS

- Apartment
- Rental Dwelling
- Condominium Association
- Business
- Church
- Other

Last Name Name COASTAL AUDIO & VIDEO LLC		Effective Date: 01-21-2021
First Name		Middle Name or Initial
Co-applicant's Name (if applicable)		D/B/A
Mailing address 620 WOODBINE CT		City or Town MYRTLE BEACH
State SC	ZIP Code 29579-1747	County

POLICY/COVERAGE FORM	INSURANCE LIMITS	PROPERTY OR INTERESTS COVERED	LOCATION AND DESCRIPTION OF PROPERTY OR INTERESTS	PREMIUM
Liability:				
<input checked="" type="checkbox"/> Business Liability <small>NOTE: The Annual Aggregate and products/completed operations aggregate limits are equal to 2 times the occurrence limit.</small>	Each Occurrence 1,000,000			165
<input type="checkbox"/> Personal Liability	Each Occurrence			
<input type="checkbox"/> Medical Payments	Each Person			
<input type="checkbox"/>				
<input type="checkbox"/>				

Deductibles: 1000	Total Premium	\$ 1,331.00
Name and Address of Mortgagee/Other Interest:	Amount Paid	\$ 0.00

Loan Number:

State Farm® will provide coverage to the applicant and his or her legal representative on the property described for up to ninety (90) days from the Effective Date, subject to all terms and conditions of the policy and endorsements for which application has been made. If no Effective Date is indicated, this Binder does not provide any coverage. This Binder will be void when the declarations page is issued on the policy for which application has been made or when coverage under this Binder is canceled in accordance with policy provisions.

The premium due State Farm for the coverage provided by this Binder will be the full annual premium for the policy for which application has been made, and will be pro-rated for the length of time coverage is provided under this Binder.

If coverage in this Binder replaces coverage in other policies terminating at 12 Noon (Standard Time) on the inception date of this Binder, this Binder will be effective at 12 Noon (Standard Time) instead of 12:01 a.m. Standard Time.

Agent's Code Stamp
Charleen Johnson
119 Waccamaw Medical Park Dr
Conway, SC, 29526-5206
(843)347-2824

AGENT: It is very important that you mail a copy of the Binder and a completed application to this Company on the day issued.