Charlestown Mall

Box 2

Document 7

RENEWAL INSURANCE BINDER

Wausau Insurance Companies

fe'd 6/27

Named Insured and Address

Charles Gaetano
Construction Corp.
1506 Whitesboro Street
Utica, NY 13502

Place of Issue : Syracuse, NY
Date Issued : 6 20 80SB
Representative : 1405
R: SYR

Claim:

Bureau:

Effective from 7 1 80 , at 12:01 A.M., standard time for a period of 60 days at the address of the named insured as stated herein, this Renewal Insurance Binder provides evidence of continued coverage. Your renewal policies will be forwarded as soon as possible.

Workers' Comp. Policy No.	Combination Casualty Policy No.	Automobile Policy No.	Policy No.
	0920 00 048494		

The insurance afforded by each above listed policy is, subject to all the terms thereof, continued in effect without change except as follows:

This binder may be canceled as to each above listed policy in accordance with the cancelation conditions thereof. Acceptance by the insured of any policy or policies in replacement or renewal of the above policies shall effect, without notice, cancelation of this binder as of the effective date of such policy or policies as to the kind or kinds of insurance provided in such policy or policies. A premium charge in compliance with the manual of rates in use by the company at the effective date of this binder shall be made for any period during which this binder shall be inforce, unless replaced by a policy or policies issued by the company to be effective as of the effective date of this binder.

Issued by (XX) EMPLOYERS INSURANCE OF WAUSAU A Mutual Company
( ) ILLINOIS EMPLOYERS INSURANCE OF WAUSAU
( ) WAUSAU UNDERWRITERS INSURANCE COMPANY
( ) WORLDWIDE UNDERWRITERS INSURANCE COMPANY

This binder is not valid unless signed by a duly authorized representative of the company.

Joseph Convertino

Authorized Company Representative

15-5440-1 9-79 PRTD. USA

We acknowledge receipt of the report or correspondence identified on the reverse side of this card. It will receive our prompt attention.

The claim number indicated on the reverse side of this card has been assigned to this case.

By using this claim number when writing us we shall be able to give you faster service.

S. Novenche

Claim Correspondent

EMPLOYERS INSURANCE OF WAUSAU
P.O. BOX 4834
SYRACUSE, NY 13221

03-2 12-74

PRTD. USA

Your correspondence
Dated: 12-4-78

Re:
Ray Bixby

Accident Date:
8-31-78

Our Claim Number:
S64-12-7

THIS SIDE OF CARD IS FOR ADDRESS

SYRACUSE
DEC 12 '78
N.Y.

U.S. POSTAGE
PLACE
STAMP
HERE
10¢

Charles A. Isabano Const. Corp.
1506 Whitesboro Rd.
Utica, NY 13502