Insured by The CIA

4/8/2013

Attn: Paul Fudin
Re: Insurance Quotation for Paul Fudin

Dear Paul

Cossio Insurance Agency would like to provide our insurance services for your business. We pride ourselves in our customer service and ability to provide coverage that other agencies cannot. We always try to find solutions instead of saying we cannot. This is a single event quote for your performance on 9/14/13.

General Liability

Total premium for the General Liability, including all taxes and fees is $113.00 *. This is quoted through United States Fire Insurance Company to the following limits:

LIMITS

General Aggregate	$2,000,000
Products/Completed Operations	$2,000,000
Per Occurrence	$1,000,000
Personal and Advertising Injury	$1,000,000
Fire Legal Liability	$300,000
Medical Expenses	$5,000
Deductible	-0-

EXCLUSIONS

Claims by Athletic Participants,
Injury to Performers
War,
Terrorism,
Expected or Intended Injury,
Sexual Abuse/Molestation,
Asbestos,
Nuclear Energy,
Total Pollution,
Fungi or Bacteria,
Aircraft or Watercraft,
Pyrotechnics,
Employment Related Practices,
Communicable Disease (Hepatitis, TSE, HIV, HTLV, or AIDS)
Lead Liability,
Violation of Telephone Consumer Protection Act or CAN-SPAM Act

107 Old Laurens Rd. Simpsonville, SC 29681
Phone: 864-688-0121 Fax: 864-688-0138

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$113.00	$117.52	$138.00
Pay In Full	$113.00	$117.52	$138.00

All fees are fully earned upon binding.
Minimum earned premium applies.

Inclusions/Program Highlights:

Occurrence-Form Policy
Additional Insured's may be added at no additional premium charge
Coverage issued through Sports & Recreation Providers Assn Purchasing Group

- ***Quote is valid for 30 days & subject to correction***
- ***Standard policy terms, conditions & exclusions***
- ***Quote is based on information you listed on your application***

THE FOLLOWING FORMS MUST BE RECEIVED WITH YOUR PAYMENT IN ORDER TO BIND:

1. COMPLETED & SIGNED INSURANCE BIND REQUEST FORM (ATTACHED)

Please review the coverage(s) and premium(s) and let us know your decision. We look forward to working with you.

Respectfully

Larry Cossio

107 Old Laurens Rd. Simpsonville, SC 29681
Phone: 864-688-0121 Fax: 864-688-0138

INSURANCE BIND REQUEST

Monday, April 08, 2013

Cossio Insurance Agency

Phone: 864-688-0121
Fax: 864-688-0138

Customer: Paul Fudin (52808)
Requested Effective: 9/14/2013

Total premium with taxes and fees: $113.00

Broker of Record: Cossio Insurance Agency

Down Payment Required is $113.00 *
*Amount is non-refundable once coverage begins
Taxes and fees are fully earned.

Payment Terms:
____ Check
____ Credit Card (4% processing fee will be added)
____ Wire Transfer ($25 will be added for processing fee)

I decline coverage for	Initials
Commercial Auto	_____
Commercial Umbrella	_____
EPLI	_____
Hired/Non-Owned Auto	_____
Inland Marine	_____
Workers Comp	_____

I understand that:

1. All fees are fully earned upon binding. *Minimum earned premium applies. Initial _____

2. Requests for Additional Insured's or special wording may be subject to a fee determined by your insurance carrier. Initial ____

Please make Cossio Insurance Agency my broker of record for this policy.

Thank you

Signature of Insured _____

Printed Name _____ Date: _____

Please bind coverage for:
- General Liability

General Mailing Address:
PO Box 188
Simpsonville, SC 29681

Wire Transfer:
South Carolina Bank and Trust, NA
PO Box 1287
Orangeburg SC 29116
Telephone: 800-277-2175
Account #: 1502681
Routing #: 053200983

UPS/FedEx Mailing Address:
107 Old Laurens Road
Simpsonville, SC 29681

THE CIA
COSSIO INSURANCE AGENCY

INSURED BY THE CIA

PO Box 188
Simpsonville, SC 29681
(864) 688 - 0121
(864) 688 - 0138 fax

Customer ID Number : 52808

CREDIT CARD AUTHORIZATION

There is an additional processing fee of 4% that I am obliged to pay for the ability to use a credit card to pay for my insurance premium, in part or in full. This is an optional charge that I can avoid paying by using a check or wire fund transfer to pay any amounts associated with the cost of my insurance premium.

Example: If my insurance premium that I want to use my credit card to pay is $1000, the amount to be charged to the credit card including the above fee will be $1040.

Billing Information:

Check one: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Authorized Dollar Amount to be charged: $ $117.52

Credit card Number:_____ Exp Date: _____

Name on Card:_____

Billing Zip code/House number:_____

Telephone Number:_____

The Three Digit from the back of card: _____

By the signing of this form, I agree that faxed signatures are acceptable to charge my credit card and authorize the above company to charge the dollar amount indicated above onto the Credit Card.

Signature: _____Date: _____

Payment $	$113.00
Credit Card Fee $	$4.52
Total $	$117.52