Insured by The CIA

6/26/2013

Fax: (574) 936-3910
Attn: Eric Foster
Re: Insurance Quotation for Kali Rose

Dear Eric

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 standard policy that runs for 12 months.

General Liability

Total premium for the General Liability, including all taxes and fees is $310.00 *. This is quoted through NATIONWIDE MUTUAL INS. CO. to the following limits:

LIMITS

Each Occurrence	$1,000,000
General Aggregate	$5,000,000
Products/ Completed Operations Aggregate	$1,000,000
Personal and Advertising Injury	Excluded
Legal Liability to Participants	$1,000,000
Damages to Premises Rented to You	$300,000
Medical Payments for Participants	$5,000
Medical Expenses	$5,000

EXCLUSIONS

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible (pls see exclusions form)
- Amusement devices (rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals (injury or death to any animal or injury, death or property damage caused by your animal)
- Asbestos
- Employment-related practices
- Fireworks (does not apply to flashboxes)
- Fungi or bacteria
- Haunted attractions
- Historical battle reenactments
- Hot wax impressions
- Lead
- Nuclear Energy liability
- Personal and Advertising Injury

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$310.00	$322.40	$335.00
Pay In Full	$310.00	$322.40	$335.00

*** **PREMIUM QUOTED IS FULLY EARNED. THERE WILL BE NO RETURN PREMIUM IF POLICY IS CANCELLED FOR ANY REASON.**

Quote is based on $7,000 gross sales

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

1. **COMPLETED & SIGNED INSURANCE BIND REQUEST FORM (ATTACHED)**
2. **SIGNED & DATED EXCLUSIONS 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

Wednesday, June 26, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Kali Rose (51863)
Requested Effective: 7/1/2013

Total premium with taxes and fees: $310.00

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

Broker of Record: Cossio Insurance Agency

Down Payment Required is $310.00 *
*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 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 ____

3. The premium quoted above includes a $100.00 broker fee which is not refundable and is fully earned upon binding. 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

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you. However, rabbits, doves, mice, hamsters, non-venomous/non-constricting snakes and dogs weighing less than 15 lbs. are covered for the liability arising out of the insured's operations that include the use of these animals); Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Fireworks (However, this exclusion does not apply to flashboxes. As used in this environment, flashboxes means a device used to create a visual effect along with an explosive noise and is induced electronically in a cylinder with no projectile, wadding or wrapping); Fungi or bacteria; Haunted attractions; Historical battle re-enactment, Hot wax impressions; Lead; Nuclear energy liability; Personal and advertising injury; Performer (Injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event.); Rodeos; Saddle animals; Snowmobile; Those operations listed as ineligible: Acrobatic or aerialist performer, Circus performer, DJ or KJ, Escape artist, Exotic dancer, Group acts or bands, Hypnotist, Jouster, Mascot (college, high school, professional), Performer/entertainer under the age of 18; Performer putting on an athletic exhibition, Performer using weapons (live ammunition or sharpened blades), Pyrotechnician, Strength performer, Stripper, Stunt performer, Tattoo or body piercing artist, Use of non-FDA approved paints, Rap, rock or hip-hop musical entertainer or performer

WARRANTY AND DISCLOSURE STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant or agent signature: _____ Date: _____

Printed name: _____ Title: _____

If an agent: Check here to acknowledge you are signing on behalf of the named insured. ❍

Named insured (from page 4): _____

PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

THE CIA

CREDIT CARD AUTHORIZATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 Simpsonville SC 29681

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.

Customer ID Number: 51863

BILLING INFORMATION

Check one: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Authorized Dollar Amount to be charged: $ $322.40

Credit card Number:	Expiration Date:

Name on Card:

Company Name :

Billing Zip code/House number:

Phone Number:

The Three Digit from the back of card:

SIGNATURE

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: $ $310.00

Credit Card Fee: $ $12.40

Total: $ $322.40