INSURANCE BIND REQUEST

Wednesday, August 28, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Davin S. Nebeker (56771)
Requested Effective: 9/3/2013

Total premium with taxes and fees: $103.00

Broker of Record: Cossio Insurance Agency

Down Payment Required is $103.00 *
*Amount is non-refundable once coverage begins
Taxes and fees are fully earned.

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

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

I understand that:

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

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

3. The premium quoted above includes a $50.00 broker fee which is not refundable and is fully earned upon binding. Initial DSN

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

Thank you

Signature of Insured

Printed Name Davin Nebeker

Date: 08-29-2013 02:12:05 EST

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

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: 56771

BILLING INFORMATION

Check one: [X] VISA [ ] MASTERCARD [ ] DISCOVER [ ] AMERICAN EXPRESS

Authorized Dollar Amount to be charged: $ $107.12

Credit card Number: 4680-1800-1097-6552 Expiration Date: 02/14

Name on Card: Davin Nebeker

Company Name :

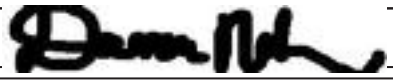
Billing Zip code/House number: 83404 / 3718 Stonebrook Lane

Phone Number: (208) 525-9394

The Three Digit from the back of card: 632

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: 08-29-2013 02:12:05 EST

Payment: $ $103.00

Credit Card Fee: $ $4.12

Total: $ $107.12

e-Signature

(Click to open the captured e-Signature in a browser.)

Signed: 08-29-2013 01:12:00 Eastern Standard Time (-5 GMT)
From IP address: 174.126.61.97

Full name:	Davin Nebeker
Initials:	DSN
Payment Method:	Credit Card Type: Visa (Last 4 Numbers: 6552) Expires: 02/14 CCV: 632 Name on card: Davin Nebeker Billing address: 3718 Stonebrook Lane Billing zipcode: 83404 Billing phone: (208) 525-9394
Arrange Premium Financing For Me?	No

I decline coverage for (initial to decline):

Commercial Auto:	DSN
Commercial Umbrella:	DSN
Hired / Non - Owned Auto:	DSN
Inland Marine:	DSN
Workers Comp:	DSN