Insured by The CIA

7/18/2014

Attn: Darcy Nair
Re: Insurance Quotation for Darcy Nair & The Pyrates Royale

Dear Darcy

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 short term quote for your performances starting 8/23/14 through 10/19/14.

General Liability

Total premium for the General Liability, including all taxes and fees is $349.00 *. 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	$349.00	$362.96	$374.00
Pay In Full	$349.00	$362.96	$374.00

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)**
2. **SIGNED & DATED LIABILITY ENROLLMENT 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

Friday, July 18, 2014

Customer: Darcy Nair & The Pyrates Royale (52239)
Requested Effective: 8/23/2014
Broker of Record: Cossio Insurance Agency

THE CIA
Cossio Insurance Agency
Phone: 864-688-0121
Fax: 864-688-0138

Total premium with taxes and fees = $349.00 Down Payment Required is $349.00
Amount is non-refundable once coverage begins. Taxes and fees are fully earned. If we do not receive all requested documents we cannot bind coverages.

Payment Terms: (Check One) ☐ PayPal (4% processing fee will be added) Pay now with PayPal

☐ Check ☐ Credit Card (4% processing fee will be added) ☐ Wire Transfer ($25 will be added for processing fee)

I understand that:	
Initial:	**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 $50.00 broker fee which is not refundable and is fully earned upon binding.

I understand that this quote does not include the following recommended coverages:			
Please initial next to each coverage in the box to the left:			
Initial	Commercial Auto	Initial	Commercial Umbrella
Initial	Hired/Non-Owned Auto	Initial	Inland Marine
Initial	Workers Comp		

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

Signature of Insured X _____

Printed Name _____ Date: _____

Please bind coverage for:
- General Liability

General Mailing Address: P.O. Box 188 Simpsonville, SC 29681

Wire Transfer: South Carolina Bank and Trust, NA, P.O. Box 1287, Orangeburg SC 29116
Street Address: 1006 East Butler Road, Greenville, SC 29607 Phone: 800-277-2175 Account #: 1502681 Routing #: 053200983

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

THE CIA SPECIAL EVENT ENROLLMENT FORM FOR GENERAL LIABILITY

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

DIRECTIONS:

1. Complete the application (all pages) in full by filling in the blue fields.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax to 864-688-0138

Section 1: GENERAL INFORMATION

Name of Policyholder: Darcy Nair		Birth Date: 05-24-1966
Nature of Business: The Pyrates Royale LLC		
Mailing Address: 12225 Bradbury Drive		
City: Gaithersburg	State: MD	Zip: 20878
Effective Date of Coverage: 08/23/2014	(mm/dd/yy) includes set up date	
Termination Date of Coverage: 10/19/2014	(mm/dd/yy) includes take down date	
Covered Activity: Musical performance on stage		
Event Location Address: Maryland Renaissance Festival 1821 Crownsville Road		
City: Crownsville	State: MD	Zip: 21401

Plan of Benefits:	
Liability Coverage: General Aggregate	$2,000,000
Liability Coverage: Each Occurrence	$1,000,000
Excess Liability: General Aggregate	
Excess Liability: Each Occurrence	
Premium Computation: Total Premium Due Company	

I understand and agree that if this application is accepted by the Company, coverage will begin on the date of acceptance or on the date requested above, whichever is later, subject to the payment of the required premium. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files claims containing false or deceptive statement may be guilty of insurance fraud.

Additional Insured:		
Address:		
City:	State:	Zip:
Policyholder signature:		
Name:	Title of Group Official:	Date:

Section 2: AGENT USE ONLY

Agent's Signature:	Date:
Agent License No.	

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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: 52239

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $362.96

Credit card Number: | Expiration Date:

Name on Card:

Company Name : Darcy Nair & The Pyrates Royale

Billing Zip code/House number: 20878

Phone Number: 3015152439

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: $ $349.00

Credit Card Fee: $ $13.96

Total: $ $362.96