Insured by The CIA

8/29/2014

Attn: Ryan Biter
Re: Insurance Quotation for Ryan J. Biter

Dear Ryan

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 $415.00 *. 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

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	$415.00	$431.60	$440.00
Pay In Full	$415.00	$431.60	$440.00

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

Quote is based on $35,000 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)**
3. **SIGNED & DATED APPLICATION, PAGES 4 & 5 (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, August 29, 2014

Customer: Ryan J. Biter (62072)
Requested Effective: 9/5/2014
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 = $415.00 Down Payment Required is $415.00
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 $100.00 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	Hired/Non-Owned Auto		
Initial	Workers Comp		
Initial	Commercial Umbrella		
Initial	Inland Marine		

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

ENTERTAINERS INSURANCE APPLICATION

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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

Legal Entity Name Ryan Biter	DBA: Ryan Biter
Contact Name: Ryan Biter	Date of Birth: 10/02/1992
Phone Number: 928-310-8182	Fax Number:
Primary Email Address: ryanjbiter@yahoo.com	Web Address:

Business Address: 2029 Talkington Dr		
City: Flagstaff	State: AZ	Zip: 86001
Mailing Address:		
City:	State:	Zip:

Section 2: BUSINESS & INSURANCE INFORMATION

Type of Entity: ☐ Corporation ☑ Individual ☐ Partnership ☐ LLC ☐ Other:

Years Performing / Year Established: 4	FEIN / Social Security Number: 609628459
Current Insurer: none	Current Limits of Coverage: none
Proposed Effective Date	Current Premium:

Any training, designations, affiliations, memberships?

Is this policy being non-renewed? ☐ Yes ☐ No If Yes explain:

Insurance claims against you in the past 5 Years? ☐ Yes ☑ No If Yes, please list below.

Date of Claim	Description of Claim	Is is still open?	How much was paid?	How much is in Reserve?

Your Annual Gross Revenue from Entertaining is $ 35,000

Describe your performance for us:

Acoustic Guitar and vocals.
Performing original material

Performances typically occur: ☒ Outdoors ☒ Private Homes ☒ Indoor Venues
☐ Convention Ctrs. ☐ Other

Does your performance include audience participation? ☒ Yes ☐ No

If "Yes," please describe: Audience members sing or play percussion

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Section 3: LIMITS OF LIABILITY

General Liability Limits are provided at $1,000,000 Per Occurrence / $2,000,000 Aggregate

Stop Gap Liability Limit (select one)

☐ N/A ☐ $100,000/$500,000/$100,000 ☑ $1,000,000/$1,000,000/$1,000,000

Section 4: RISK ASSESSMENT QUESTIONS

Contracts - Do you have a contract with all of your clients? ☐ Yes ☑ No If Yes, please submit a copy.

Subcontractors - Do you use subcontractors/other performers in any performances? ☑ Yes ☐ No

If "Yes," do you require that you/the business be listed as an additional insured on their insurance?
☐ Yes ☑ No

What limits of liability do you require your subcontractor to carry? $ none

Do you obtain a certificate or proof of insurance from all your subcontractors? ☐ Yes ☑ No

If No, please explain: I usually have one time/rare guest musicians

Please provide details to any "Yes" answers below.	Yes	No
Do you have any other insurance?	☑	☐
Any insurance declined, cancelled or non-renewed in the past 3 years (N/A in MO)	☐	☑
Have you been or are you active in any joint ventures or other corporations?	☐	☑
Any past losses or claims relating to sexual abuse/molestation allegations?	☐	☑
Any past losses or claims relating to discrimination or negligent hiring allegations?	☐	☑
Are any entertainers under age 18 involved in your performance?	☐	☑
Any animal related exposures in your performance?	☐	☑
Does your performance include adult entertainment or adult themes?	☐	☑
Are your performances similar in style to a Broadway show or production number?	☐	☑
Do you use any weapons, fireworks or pyrotechnics in your performances?	☐	☑
Do you organize any acrobatics,stunts/other special effects for your performances?	☐	☑
Any crimes, attempted or successful, on your premises in the last 5 years?	☐	☑
Any exposure to radioactive or nuclear materials?	☐	☑

If you answered yes to any of the questions above please explain here:

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Section 5: INLAND MARINE/MOBILE PROPERTY (Optional) $500 Deductible Applies

If you want a quote for incidental loss or damage, list your equipment below or attach a separate schedule.

Equipment Description	Cost of the Equipment	Serial Number (if applicable)

Again, you may also attach a separate schedule of equipment.

Section 6: NAME APPLICATION (Optional)

Enrollment Type: ☑ Band/Entertainer ☐ Event Planner Booking Agent

Effective date requested: 9/3/2014

Number of members in band/Number of employees: 1

Average number of jobs per month: 18

Maximum number of venues serviced on 1 day: 2

Sign up date:

Section 7: FRAUD WARNINGS

GENERAL FRAUD STATEMENT Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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Section 7: FRAUD WARNINGS (Continued)

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

POLICY RECOMMENDATIONS (Please check any you are interested in)

☑ General Liability	☐ Accident Medical	☐ Abuse / Molestation	☐ Umbrella
☐ Professional Liability	☐ Workers Compensation	☐ Commercial Auto	☐ EPLI
☐ Cyber Liability			

Section 8: SIGNATURES

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

This application is understood to be an inducement to the issuance of a policy of insurance by the Company. The undersigned hereby authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Applicant Name: Ryan Biter	Signature:	Date: 8/29/2014

Any additional correspondence should be emailed to your CIA Agent or faxed to 864-688-0121.

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Section 9: OFFER OR TERRORISM COVERAGE

Disclosure of Premium and Federal Participation

The Terrorism Risk Insurance Act of 2002 establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States.

In accordance with the Terrorism Risk Insurance Act of 2002, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program as an act of terrorism committed by an individual(s) acting on behalf of a foreign person or foreign interest. The policy's other provisions will still apply to such an act. You may accept or reject this offer.

You may choose to reject the offer by signing the enclosed statement and returning it to us, and your policy will be written to exclude the described coverage.

Rejection of Terrorism Insurance Coverage

☑ I hereby reject the offer of terrorism coverage. I understand that an exclusion of certain terrorism losses will be made part of this policy.

Policyholder/Applicant's Signature:	Date: 8/29/2014
Print Name: Ryan Biter	Policy Number (if applicable)

Disclosure of Premium

If you accept this offer, the premium for terrorism coverage is $

Disclosure of Federal Participation in Payment of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 90% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

The following statement is required to be part of this Policyholder Disclosure in Georgia:

LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program) The provisions of the Terrorism Risk Insurance Act of 2002 can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

SAVE APPLICATION

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

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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: 62072

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $431.60

Credit card Number: | Expiration Date:

Name on Card:

Company Name : Ryan J. Biter

Billing Zip code/House number: 86001

Phone Number: 9283108182

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: $ $415.00

Credit Card Fee: $ $16.60

Total: $ $431.60