INSURANCE BIND REQUEST

Monday, September 08, 2014

Customer: Catherine E. Palmer (52226)
Requested Effective: 9/13/2014
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: MSG	**1.** All fees are fully earned upon binding. Minimum earned premium applies.
Initial: MSG	**2.** Requests for Additional Insured's or special wording may be subject to a fee determined by your insurance carrier.
Initial: MSG	**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:			
MSG	Commercial Auto		
MSG	Hired/Non-Owned Auto		
MSG	Workers Comp		
MSG	Commercial Umbrella		
MSG	Inland Marine		

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

Signature of Insured X Test

Printed Name Michael S. Givens

Date: 09-14-2014 22:54:06 EST

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: Catherine E. Palmer		Birth Date: April 26th, 1960
Nature of Business: music and dance performance		
Mailing Address: 4402 Noah Court		
City: Mount Airy	State: MD	Zip: 21771
Effective Date of Coverage: 9/6/14	(mm/dd/yy) includes set up date	
Termination Date of Coverage: 10/18/14	(mm/dd/yy) includes take down date	
Covered Activity: performing music, dancing, leading dances		
Event Location Address: 1821 Crownsville Rd.		
City: Crownsville	State: MD	Zip: 21032

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: William D. Palmer, Christiana C. Palmer, Abigail E. Palmer		
Address: Wm. & Abigail @ above address, Christiana @102 Victoria Dr.		
City: Frederick	State: MD	Zip: 21701
Policyholder signature: Test	09-14-2014 22:54:06 EST	
Name: Catherine E. Palmer	Title of Group Official: music director	Date: Sept. 3, 2014

Section 2: AGENT USE ONLY

Agent's Signature:	Date:
Agent License No.	

THE CIA

FRAUD STATEMENTS

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

FRAUD NOTICE

GENERAL 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 FLORDIA: 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.

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.

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.

Insured Signature: Test	Date: 09-14-2014 22:54:06 EST

THE CIA

* PayPal Paid (DO NOT PROCESS AGAIN)

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: 52226

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $362.96

Credit card Numb Test | Expiration D: 09-14-2014 22:54:06 EST

Name on Card:

Company Name : Catherine E. Palmer

Billing Zip code/House number: 21771

Phone Number: 3018658903

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

e-Signature

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

Signed: 09-14-2014 21:54:03 Eastern Standard Time (-5 GMT)
From IP address: 99.172.33.142

Full name:	Michael S. Givens
Initials:	MSG
Payment Method:	Credit Card * PayPal Paid (DO NOT PROCESS AGAIN) Type: (Last 4 Numbers:) Expires: CCV: Name on card: Billing address: Billing zipcode: Billing phone:
Arrange Premium Financing For Me?	No

I decline coverage for (initial to decline):

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