INSURANCE BIND REQUEST

Tuesday, February 26, 2013

THE CIA
Cossio Insurance Agency

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

Customer: PSP Events, LLC (47971)
Requested Effective: 3/1/2013

Total premium with taxes and fees: $10,023.57

Broker of Record: Cossio Insurance Agency

Down Payment Required is $3,058.78 *
*Amount is non-refundable once coverage begins
Taxes and fees are fully earned.

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

Balance Due $6,964.79

I decline coverage for	Initials
Abuse and Molestation	KL
Earthquake	KL
EPLI	KL
Flood	KL
Hired/Non-Owned Auto	KL
Inland Marine	KL
Property	KL
Umbrella	KL
Workers Comp	____

I would like Cossio to set up financing through Premium for me:

☐ Yes [X] No

I understand that:

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

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

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

Thank you

Signature of Insured _____

Printed Name Kathy - Test

Date: 05-16-2013 22:00:03 EST

Please bind coverage for:
- Paintball GL
- Accident Medical

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

ENROLLMENT FORM FOR ACCIDENT INSURANCE

Policyholder Name: PSP Events, LLC

Policyholder Mailing Address: PO Box 971

City: Grayson State: GA Zip: 30017

Field Address: 248 E. Crogan Street, Suite 304

City: Lawrenceville State: GA Zip: 30046

Policyholder Contact Name: Jennifer Wright Policyholder Email Address: jennifer@pspevents.com

Effective Date: 03/01/2013 Expiration Date: 03/01/2014

Covered Activity: Paintball Promoter

Plan of Benefits Per Quotation:

Accident Insurance – Maximum Medical Expense Benefit: $ 50,000

☒ Excess Coverage ☐ Primary Coverage

Accident Insurance – Accidental Death & Dismemberment Benefit: $ 50,000

Accident Insurance – Deductible: $ 0

Total Accident Premium: $

Non-Refundable Fully Earned Minimum Premium at policy inception: $

Number of Participants: 18,148

By signing below I understand and agree that (a) if this application is accepted by the Company, coverage will begin on the date of acceptance or on the effective date indicated above, whichever is later, subject to the payment of the required premium, It is also understood that no agent is authorized to accept risks or pass on insurability.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits application or files claims containing false or deceptive statement may be guilty of insurance fraud and may be subject to civil fines and criminal punishment.

Acceptance of Terms above:

Policyholder Signature: Title: Date:

Print Policyholder Name: Jennifer Wright 05-16-2013 22:00:03 EST

Agency Information (If applicable):

Agency Name: Cossio Insurance Agency

Agent Mailing Address: PO Box 188 Simpsonville SC 29681

Street City State Zip

Agent Contact Name: Larry Cossio Agent License #:

Agent Email Address: Agent Phone #:

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: 47971 PSP Events, LLC

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $3,181.13

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: $ $3,058.78

Credit Card Fee: $ $122.35

Total: $ $3,181.13

P.O. BOX 419090
KANSAS CITY, MO 64141-6090
(816)942-6336 FAX: (816)942-0475

PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

A	**CASH PRICE (TOTAL PREMIUMS)**	**$10,023.57**
B	**CASH DOWN PAYMENT**	**$3,058.78**
C	**PRINCIPAL BALANCE (A MINUS B)**	**$6,964.79**

AGENT
(Name & Place of business)
COSSIO INSURANCE AGENCY
P.O. BOX 188
SIMPSONVILLE,SC 29681
(864)688-0121 FAX: (864)688-0138

INSURED
(Name & Residence or business)
PSP Events, LLC

PO Box 971

Grayson, GA 30017
(770)962-9400 FAX: (866)237-7064
jennifer@pspevents.com

Commercial

Account #: _____

LOAN DISCLOSURE
Additional Policies Scheduled on Page 3

Quote Number: 1446872

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate. 9.950%	The dollar amount the credit will cost you. $291.91	The amount of credit provided to you or on your behalf. $6,964.79	The amount you will have paid after you have made all payments as scheduled $7,256.70

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due Beginning:	
9	$806.30		MONTHLY 04/01/2013

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.
Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.
Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of $20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	03/01/2013	LEXINGTON INSURANCE CO	GENERAL LIABILITY	25.00%	12	4,786.39 Fee: 50.00 Tax: 287.18
				Broker Fee:		$400.00
				TOTAL:		$10,023.57

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY**: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY**: Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified, receive all sums assigned to its Lender or in which it has granted Lender a security interest and to execute and deliver on behalf of the insured documents, instruments, forms and notices relating to the listed insurance policies in furtherance of this Agreement.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent _____ DATE _____ Signature of Agent _____ DATE _____

(10/11) Copyright 2011 IPFS Corporation

AGENT	INSURED
(Name & Place of business) COSSIO INSURANCE AGENCY P.O. BOX 188 SIMPSONVILLE,SC 29681 (864)688-0121 FAX: (864)688-0138	(Name & Residence or business) PSP Events, LLC PO Box 971 Grayson, GA 30017 (770)962-9400 FAX: (866)237-7064 jennifer@pspevents.com

Account #: _____

SCHEDULE OF POLICIES
(continued)

Quote Number: 1446872

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	03/01/2013	UNITED STATES FIRE INSURANCE CO FRANCIS L DEAN & ASSOCIATES, INC	ACCIDENT & HEALTH	25.00%	12	4,500.00
				Broker Fee:		$400.00
				TOTAL:		$10,023.57

e-Signature

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

Signed: 05-16-2013 21:00:00 Eastern Standard Time (-5 GMT)
From IP address: 172.24.1.20

Full name:	Kathy - Test
Initials:	KL
Payment Method:	Check
Arrange Premium Financing For Me?	No

I decline coverage for (initial to decline):

Earthquake:	KL
EPLI:	KL
Flood:	KL
Hired / Non - Owned Auto:	KL
Inland Marine:	KL
Property:	KL
Umbrella:	KL
Workers Comp:	KL