Insured by The CIA

5/22/2013

Attn: Scot Eaton
Re: Insurance Quotation for Tour of the South Relays

Dear Scot

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 06/01/2013 – 06/02/2013.**

General Liability

Total premium for the General Liability, including all taxes and fees is $2,600.00 *. This is quoted through United States Fire Insurance Company to the following limits:

LIMITS

Each Occurrence	$1,000,000
General Aggregate	$2,000,000
Products/ Completed Operations Aggregate	$2,000,000
Personal & Advertising Injury	$1,000,000
Fire Damage Limit - Any One Fire	$300,000
Medical Expenses - Any One Person	$5,000
Liquor Liability-Aggregate	Excluded
Liquor Liability- Each Occurrence	Excluded
Deductible	$0

EXCLUSIONS

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.

Accident Medical

Total premium for the Accident Medical, including all taxes and fees is $1,500.00 *. This is quoted through United States Fire Insurance Company to the following limits:

LIMITS

Accidental Death & Dismemberment	$2,500
Maximum Benefit Amount	$10,000
Deductible	$100

107 Old Laurens Rd. Simpsonville, SC 29681
Phone: 864-688-0121 Fax: 864-688-0138

EXCLUSIONS

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane
- War or any act of war, declared or undeclared.
- Sickness, disease in any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking and drug or narcotic, unless the drug or narcotic is prescribed by a Physician.
- Injuries paid under Worker's Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder
- Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
- Services or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization
- Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person
- Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

Payment Options	Check	Credit Card	Wire Transfer
Pay In Full	$4,100.00	N/A	$4,125.00

• Occurrence- Form Policy
• Additional Insured's are included
• Coverage issued through the Sports & Recreation Providers Assn. Purchasing Group
• Quote based on 1500 participants
• Policy is fully earned and non-refundable once coverage begins

THE FOLLOWING FORMS MUST BE RECEIVED WITH YOUR PAYMENT IN ORDER TO BIND:

1. **COMPLETED & SIGNED INSURANCE BIND REQUEST FORM (ATTACHED)**
2. **SIGNED & DATED 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

Wednesday, May 22, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Tour of the South Relays (55046)
Requested Effective: 6/1/2013 – 06/2/2013

Total premium with taxes and fees: $4,100.00

Broker of Record: Cossio Insurance Agency

Down Payment Required is $4,100.00 *
*Amount is non-refundable once coverage begins
Taxes and fees are fully earned.

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

Balance Due $0.00

I decline coverage for	Initials
Abuse and Molestation	____
Earthquake	____
EPLI	____
Flood	____
Property	____
Umbrella	____
Workers Comp	____

I understand that:

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 $400.00 broker fee which is not refundable and is fully earned upon binding. Initial ____

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

Thank you

Signature of Insured _____

Printed Name _____ Date: _____

Please bind coverage for:
- General Liability
- 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 & GENERAL LIABILITY INSURANCE

Policyholder Name: Tour of the South Relays

Policyholder Mailing Address: 10329 Blackstock Road

City: Huntersville State: NC Zip: 28078

Field Address: _____

City: _____ State: _____ Zip: _____

Policyholder Contact Name: Scot Eaton Policyholder Email Address: seaton@colormyrun.com

Effective Date: 06/01/2013 Expiration Date: 06/02/2013

Covered Activity: 5K Color Run

Plan of Benefits Per Quotation:

Accident Insurance – Maximum Medical Expense Benefit: $ 10,000

☒ Excess Coverage ☐ Primary Coverage

Accident Insurance – Accidental Death & Dismemberment Benefit: $ 2,500

Accident Insurance – Deductible: $ 100

Total Accident Premium: $ _____

General Liability Insurance – General Aggregate Limit: $ 2,000,000

General Liability Insurance – Each Occurrence Limit: $ 1,000,000

Overnight Campers: $ N/A

Number of Participants: 1500

New Business Surcharge: $ N/A

Retail Sales: $ N/A

Total General Liability Premium: $ _____

Optional Coverage:	Limits:	Premium:
☐ Optional $5,000.00Medical Expenses Liability Limit:		$ _____
☐ Optional Hired & Non-Owned Auto Liability Limit:	$ _____	$ _____
☐ Optional $100,000.00 Sexual Abuse & Molestation Limit:		$ _____
☐ Optional Follow Form Excess Liability Limit:	$ _____	$ _____
☐ Optional $1,000,000.00 Director's & Officer's Liability Limit:		$ _____

Grand Total Accident/Liability/Optional Coverage Premium: $ _____

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

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: Print Policyholder Name: Scot Eaton

Policyholder Signature: _____ Title: _____ Date: _____

Agency Name: Cossio Insurance Agency

Agent Mailing Address: PO Box 188 Simpsonville SC 29681

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: 55046 Tour of the South Relays

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $4,264.00

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: $ $4,100.00

Credit Card Fee: $ $164.00

Total: $ $4,264.00