INSURANCE BIND REQUEST

Wednesday, August 29, 2012

COSSIO INSURANCE AGENCY
Phone: 864-688-0121
Fax: 864-688-0138

Customer: Host of Charlotte (52407)
Requested Effective: 9/1/2012

Total premium with taxes and fees: $1,450.00

I decline coverage for	Initials
Commercial Auto	_____
Earthquake	_____
EPLI	_____
Flood	_____
Inland Marine	_____
Liquor Liability	_____
Umbrella	_____
Workers Comp	_____

Broker of Record: Cossio Insurance Agency

Downpayment Required is $715.00 *
*Amount is non-refundable once coverage begins
Taxes and fees are fully earned.
X

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

Yes

Balance Due $735.00

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

☐Yes ☐ No

I understand that:

1. All fees are fully earned upon binding. *Minim…rned premium applies. Initial _____

2. Requests for Additional Insured's or specia…ng may be subject to a fee determined by your insurance carrier. Initial ____

MSG
MSG
MSG
MSG

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

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

Special Risk Enrollment Form
Participant Accident Insurance
General Liability Insurance

1. Name of Policyholder Host of Charlotte

2. Nature of Business Tours and Relocation Services

3. Address PO Box 11972 (Street) Charlotte (City) NC (State) 28220 (Zip)

4. Effective Date of Coverage 09/01/2012

5. Termination Date of Coverage 09/01/2013

6. Period of Coverage 52 weeks

7. Covered Activity Tours and Relocation Services

8. Plan of Benefits:

Maximum Medical Expense Benefit – Per Person:		$ 0
Accidental Death & Dismemberment Benefit Principal Sum:		$ 0
Deductible Amount: $ NA Per Injury		
Optional Preexisting Injury Endorsement	☐ Yes ☒ No	
Optional Sickness Expense Benefit	☐ Yes ☒ No	
Optional Heart/Circulatory Endorsement	☐ Yes ☒ No	
Liability Coverage: General Aggregate:		$ 2,000,000
Liability Coverage: Each Occurrence:		$ 1,000,000
Optional Sexual Abuse/Molestation Coverage	☐ Yes ☒ No	
Optional Non-Owned Automobile Liability	☐ Yes ☒ No	

9. Accident Policy Plan Type: (check one) ☒ Excess Coverage ☐ Primary Coverage

10. Premium Computation:

Classification of Insured Persons	Number Eligible		Rate		Total Rate
_____	_____	x	$_____	=	_____

(OR)

New Bind Req Per Quotation (Attach Quotation for Reference)
Total 09-09-2012 02:47:00

I underst Michael S. Givens mpany, cover (123) 456-7890 acceptance or on the date requested in Question [4] above, whichever is later, subject to the payment of the required premium, and (b) no contribution to the premium will be made by an insured person. Premium computation is subject to audit. 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 is facilitating a fraud against an insurer, submits application or files claims containing false or deceptive statement may be guilty of insurance fraud.

Policyholder Signature: _____

_____ / Owner / _____
Name Title of Group Official Phone

Agent Name and Address: _____

_____ / _____ / _____
Agent License No. Agents Signature Date

ANL-SR02 App

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 8/27/2012

AGENCY

COSSIO INSURANCE
PO Box 188
Simpsonville, SC 29681

CONTACT NAME:
PHONE (A/C, No, Ext): (864)688-0121
FAX (A/C, No): (864)688-0138
E-MAIL ADDRESS: larry@cossioinsurance.com
CODE: SUBCODE:
AGENCY CUSTOMER ID:

CARRIER | NAIC CODE

COMPANY POLICY OR PROGRAM NAME | PROGRAM CODE

POLICY NUMBER

UNDERWRITER | UNDERWRITER OFFICE

STATUS OF TRANSACTION
- [X] QUOTE
- [ ] ISSUE POLICY
- [ ] RENEW
- [ ] BOUND (Give Date and/or Attach Copy):
- [ ] CHANGE — DATE — TIME — [ ] AM [ ] PM
- [ ] CANCEL

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
[ ] ACCOUNTS RECEIVABLE / VALUABLE PAPERS	$	[ ] ELECTRONIC DATA PROC	$	[ ] TRANSPORTATION / MOTOR TRUCK CARGO	$
[ ] BOILER & MACHINERY	$	[ ] EQUIPMENT FLOATER	$	[ ] TRUCKERS / MOTOR CARRIER	$
[ ] BUSINESS AUTO	$	[ ] GARAGE AND DEALERS	$	[ ] UMBRELLA	$
[ ] BUSINESS OWNERS	$	[ ] GLASS AND SIGN	$	[ ] YACHT	$
[X] COMMERCIAL GENERAL LIABILITY	$	[ ] INSTALLATION / BUILDERS RISK	$	[ ]	$
[ ] CRIME / MISCELLANEOUS CRIME	$	[ ] OPEN CARGO	$	[ ]	$
[ ] DEALERS	$	[ ] PROPERTY	$	[ ]	$

ATTACHMENTS

[ ] ADDITIONAL INTEREST	[ ] PREMIUM PAYMENT SUPPLEMENT	[ ]
[ ] ADDITIONAL PREMISES	[ ] PROFESSIONAL LIABILITY SUPPLEMENT	[ ]
[ ] APARTMENT BUILDING SUPPLEMENT	[ ] RESTAURANT / TAVERN SUPPLEMENT	[ ]
[ ] CONDO ASSN BYLAWS (for D&O Coverage only)	[ ] STATEMENT / SCHEDULE OF VALUES	[ ]
[ ] CONTRACTORS SUPPLEMENT	[ ] STATE SUPPLEMENT (If applicable)	[ ]
[ ] COVERAGES SCHEDULE	[ ] VACANT BUILDING SUPPLEMENT	[ ]
[ ] DRIVER INFORMATION SCHEDULE	[ ] VEHICLE SCHEDULE	[ ]
[ ] INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		[ ]
[ ] INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		[ ]
[ ] LOSS SUMMARY		[ ]

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
09/01/12	09/01/13	[ ] DIRECT [X] AGENCY				$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)

Host of Charlotte

PO Box 11972
Charlotte, NC 28220

GL CODE | SIC | NAICS | FEIN OR SOC SEC #

BUSINESS PHONE #: (704)996-6924

WEBSITE ADDRESS: www.hostofcharlotte.com

- [X] INDIVIDUAL
- [ ] CORPORATION
- [ ] JOINT VENTURE
- [ ] LLC — NO. OF MEMBERS AND MANAGERS: ____
- [ ] NOT FOR PROFIT ORG
- [ ] PARTNERSHIP
- [ ] SUBCHAPTER "S" CORPORATION
- [ ] TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)

GL CODE | SIC | NAICS | FEIN OR SOC SEC #

BUSINESS PHONE #:

WEBSITE ADDRESS

- [ ] INDIVIDUAL
- [ ] CORPORATION
- [ ] JOINT VENTURE
- [ ] LLC — NO. OF MEMBERS AND MANAGERS: ____
- [ ] NOT FOR PROFIT ORG
- [ ] PARTNERSHIP
- [ ] SUBCHAPTER "S" CORPORATION
- [ ] TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)

GL CODE | SIC | NAICS | FEIN OR SOC SEC #

BUSINESS PHONE #:

WEBSITE ADDRESS

- [ ] INDIVIDUAL
- [ ] CORPORATION
- [ ] JOINT VENTURE
- [ ] LLC — NO. OF MEMBERS AND MANAGERS: ____
- [ ] NOT FOR PROFIT ORG
- [ ] PARTNERSHIP
- [ ] SUBCHAPTER "S" CORPORATION
- [ ] TRUST

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AGENCY CUSTOMER ID: _____

CONTACT INFORMATION

CONTACT TYPE:	CONTACT TYPE:
CONTACT NAME: Heather Fitch	CONTACT NAME:
PRIMARY PHONE # ☐ HOME ☒ BUS ☐ CELL: 704-996-6924	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: heather@hostofcharlotte.com	PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
						OCCUPIED AREA:	SQ FT
BLD #	CITY:	STATE:			# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	

LOC #	STREET		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
						OCCUPIED AREA:	SQ FT
BLD #	CITY:	STATE:			# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	

LOC #	STREET		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
						OCCUPIED AREA:	SQ FT
BLD #	CITY:	STATE:			# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	

LOC #	STREET		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
						OCCUPIED AREA:	SQ FT
BLD #	CITY:	STATE:			# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N	

NATURE OF BUSINESS

										DATE BUSINESS STARTED (MM/DD/YYYY)
☐	APARTMENTS	☐	CONTRACTOR	☐	MANUFACTURING	☐	RESTAURANT	☐	SERVICE	
☐	CONDOMINIUMS	☐	INSTITUTIONAL	☐	OFFICE	☐	RETAIL	☐	WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

Individual and Group Tours and relocation services

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	☐ CERTIFICATE	☐ POLICY	☐ SEND BILL	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED ☐ LOSS PAYEE							LOCATION:	BUILDING:
☐ BREACH OF WARRANTY ☐ MORTGAGEE							VEHICLE:	BOAT:
☐ CO-OWNER ☐ OWNER							AIRPORT:	AIRCRAFT:
☐ EMPLOYEE AS LESSOR ☐ REGISTRANT							ITEM CLASS:	ITEM:
☐ LEASEBACK OWNER ☐ TRUSTEE							ITEM DESCRIPTION	
☐ LIENHOLDER	REFERENCE / LOAN #:		INTEREST END DATE:					
	LIEN AMOUNT:		PHONE (A/C, No, Ext):				FAX (A/C, No):	
REASON FOR INTEREST:			E-MAIL ADDRESS:					

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?

PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

N

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

N

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

☐ SAFETY MANUAL ☐ MONTHLY MEETINGS ☐

☐ SAFETY POSITION ☐ OSHA

N

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

N

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER

N

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? **Applicants - Do not answer this question)**

☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐

☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):

N

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

N

7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?
(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).

N

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE

N

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE

N

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE

N

11. HAS BUSINESS BEEN PLACED IN A TRUST?

NAME OF TRUST

N

12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES?
(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)

N

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?

N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	None			
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY ☐ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

SIGNATURE

☐ COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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)

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.

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.

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.

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.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Larry Cossio	

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

ACORD

AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY): 8/27/2012

AGENCY	CARRIER	NAIC CODE
COSSIO INSURANCE		

POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED
		Host of Charlotte

COVERAGES

X	COMMERCIAL GENERAL LIABILITY	
	CLAIMS MADE / OCCURRENCE	
	OWNER'S & CONTRACTOR'S PROTECTIVE	

DEDUCTIBLES

X	PROPERTY DAMAGE	$ None	PER CLAIM
X	BODILY INJURY	$ None	PER OCCURRENCE (X)
		$	

LIMITS

			PREMIUMS
GENERAL AGGREGATE	$	2,000,000	PREMISES/OPERATIONS
LIMIT APPLIES PER: X POLICY / LOCATION / PROJECT / OTHER:			
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	$	2,000,000	PRODUCTS
PERSONAL & ADVERTISING INJURY	$	1,000,000	
EACH OCCURRENCE	$	1,000,000	OTHER
DAMAGE TO RENTED PREMISES (each occurrence)	$	100,000	
MEDICAL EXPENSE (Any one person)	$	5,000	TOTAL
EMPLOYEE BENEFITS	$		
	$		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE [ ] IS [ ] IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE [ ] IS [ ] IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE PREM/OPS	RATE PRODUCTS	PREMIUM PREM/OPS	PREMIUM PRODUCTS
1	1	Tours Gross Sales		S	$30,000					
1	2	Tours Participants		M	20					
1	3	Outings		T	200					

RATING AND PREMIUM BASIS
(S) GROSS SALES - PER $1,000/SALES (P) PAYROLL - PER $1,000/PAY (A) AREA - PER 1,000/SQFT (C) TOTAL COST - PER $1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: $	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

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AGENCY CUSTOMER ID: _____

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?	N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	N

DESCRIBE THE TYPE OF WORK SUBCONTRACTED	$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:

PRODUCTS/ COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.	Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)	N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	N
8. PRODUCTS UNDER LABEL OF OTHERS?	N
9. VENDORS COVERAGE REQUIRED?	N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?	N

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST/ CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED ☐ EMPLOYEE AS LESSOR ☐ LIENHOLDER ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:		LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	N
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	N
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	N
7. ANY PARKING FACILITIES OWNED/RENTED?	N
8. IS A FEE CHARGED FOR PARKING?	N
9. RECREATION FACILITIES PROVIDED?	N
10. IS THERE A SWIMMING POOL ON THE PREMISES?	N
11. SPORTING OR SOCIAL EVENTS SPONSORED?	N
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	N
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	N
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	N
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	N
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	N
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	N
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	N

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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 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.

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.

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.

THE CIA
COSSIO INSURANCE AGENCY

INSURED BY THE CIA

PO Box 188
Simpsonville, SC 29681
(864) 688 - 0121
(864) 688 - 0138 fax

Customer ID Number : 52407

CREDIT CARD AUTHORIZATION

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.

Billing Information:

Check one: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Authorized Dollar Amount to be charged: $ $743.60
Credit card Number:_____ Exp Date: _____
Name on Card:_____
Billing Zip code/House number:_____
Telephone Number:_____
The Three Digit from the back of card: _____

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 $	$715.00
Credit Card Fee $	$28.60
Total $	$743.60

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

PREMIUM FINANCE AGREEMENT

NC License # B-345

IPFS CORPORATION

A	**CASH PRICE (TOTAL PREMIUMS)**	**$1,450.00**
B	**CASH DOWN PAYMENT**	**$715.00**
C	**PRINCIPAL BALANCE (A MINUS B)**	**$735.00**

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)
Host of Charlotte

PO Box 11972

Charlotte, NC 28220
(704)996-6924

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 1057973

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled
9.950%	$12.21	$735.00	$747.21

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	
3	$249.07	Beginning:	MONTHLY 10/01/2012

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 acccount 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 $15.00. 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 FINANCED
PENDING	09/01/2012	UNITED STATES FIRE INSURANCE CO	GENERAL LIABILITY	30.00%	12	1,050.00
				Broker Fee:		$400.00
				TOTAL:		$1,450.00

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.

INSURANCE PREMIUM FINANCE AGREEMENT NOTICE: A. Do not sign this agreement before you read it. B. You are entitled to a copy of this agreement. C. Under the law, you have the right to payoff in advance the full amount due and under certain conditions to obtain a partial refund of the service charge.

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

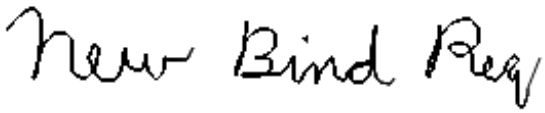
New Bind Req

09-09-2012 02:47:00 EST

Signature of Insured or Authorized Agent | DATE | Signature of Agent | DATE

(01/12) Copyright 2011 IPFS Corporation

e-Signature



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

Signed: 09-09-2012 02:38:17 Eastern Standard Time (-5 GMT)
From IP address: 172.24.1.25

Full name:	Michael S. Givens
Initials:	MSG
Payment Method:	Credit Card Type: MasterCard (Last 4 Numbers: 0000) Expires: 12/14 CCV: 123 Name on card: Michael S. Givens Billing address: 1234 Anywhere Avenue Billing zipcode: 12345 Billing phone: (123) 456-7890
Arrange Premium Financing For Me?	Yes

I decline coverage for (initial to decline):

Commercial Auto :	MSG
Earthquake :	MSG
EPLI :	MSG
Flood :	MSG
Inland Marine :	MSG
Liquor Liability :	MSG
Umbrella :	MSG
Workers Comp :	MSG