ENROLLMENT FORM FOR ACCIDENT INSURANCE

Policyholder Name: X-treme Tyme Inc.

Policyholder Mailing Address: 2224 Main Street

City: Wellsburg State: WV Zip: 26070

Field Address: 2224 Main Street

City: Wellsburg State: WV Zip: 26070

Policyholder Contact Name: Brenda Duffy Policyholder Email Address: tsd748@aol.com

Effective Date: 09/04/13 Expiration Date: 09/04/14

Covered Activity: Dance Studio Operations

Plan of Benefits Per Quotation:

Accident Insurance – Maximum Medical Expense Benefit:	$100,000
☒ Excess Coverage ☐ Primary Coverage	
Accident Insurance – Accidental Death & Dismemberment Benefit:	$50,000
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:	$Excluded
Number of Participants:	$65
New Business Surcharge:	$Excluded
Retail Sales:	$Excluded
Total General Liability Premium:	$

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

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: Brenda Duffy

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: ivy@cossioinsurance.com Agent Phone #: (864)688-0121