THE CIA
Cossio Insurance Agency

Insured by The CIA

4/10/2013

Company Name: **Endless Mountain Recreation Inc**
Contact Name: **Mike Hanse**
Mailing Address: **631 Lindsey Avenue, Cocoa, FL 32927**
Location Address: **577 Wolf's Lair Road New Milford, PA 18834**
Business Type: **Paintball Field**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
Property	**Quoted**	**$7,198.64**
Workers Comp	Not Quoted	
EPLI	Not Quoted	
Flood	Not Quoted	
Earthquake	Not Quoted	
Commercial Auto	Not Quoted	
Hired/Non-Owned Auto	Not Quoted	
Umbrella	Not Quoted	
Total		**$7,198.64**

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$2,557.64	$2,659.95	$2,582.64
Pay In Full	$7,198.64	N/A	$7,223.64

We can arrange premium financing if you cannot pay in full. If you choose to make a down payment, we also need the attached finance agreement signed for the remaining balance before we can bind coverage.

- Minimum earned premium applies. $2,557.64 is non-refundable once coverage begins
- Automatic Burglar Alarm Reporting to a Public or Private Burglar Alarm Station is required
- Heat Maintained or Plumbing Drained / Building Locked & Secured
- Seasonal Property (locked and secured during off season)
- Acceptable Inspection Report – Carrier will schedule
- Terrorism Coverage is available for additional premium of 4% of Total Premium plus surplus line tax

THE FOLLOWING FORMS MUST BE RECEIVED WITH YOUR PAYMENT IN ORDER TO BIND:
1. COMPLETED & SIGNED INSURANCE BIND REQUEST FORM (ATTACHED)
2. SIGNED & DATED FINANCE AGREEMENT (ATTACHED) IF YOU ARE NOT PAYING IN FULL.
3. SIGNED & DATED APPLICATION (ATTACHED)
4. SIGNED & DATED TRIA FORM (ATTACHED)

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

Property

Carrier: **Covington Specialty Insurance Company**
Policy Term: **2013-2014**

LIMITS

Building	$655,000 total for all buildings
Business Income	$135,000 total
Business Personal Property	$35,000 total
Coinsurance	90%
Perils	Special Excluding Flood & Earthquake
Valuation	Actual Cash Value
Deductible	$5,000

Building #1-1 (A Frame House) $ 50,000
Frame; PC4; 2 Story; Blt. 1987; a) 1,000

Building #1-2 (Barn-Frame, used for lawn equipment) $ 50,000
Frame; PC4; 2 Story; Blt. 1987; a) 3,000

Building #1-3 (Bunkhouses - 30) $150,000
Frame; PC4; 1 Story; Blt. 1987; a) 450 each

Building #1-4 (Castle Structure) $ 75,000
Frame; PC4; 2 Story; Blt. 1998; NEED SQ. FTG

Business Income #1-4 $ 50,000
Frame; PC4; 2 Story; Blt. 1998; NEED SQ. FTG

Building #1-5 (Stockade Fort) $ 50,000
Frame; PC4; 2 Story; Blt. 2005; a) 15,000

Building #1-6 (Paintball Museum) $ 75,000
Frame; PC4; 2 Story; Blt. 1987; a) 1,800

Business Income #1-6 $ 35,000
Frame; PC4; 2 Story; Blt. 1987; a) 1,800

Building #1-7 (Picnic Pavilion) $ 5,000
Frame; PC4; 1 Story; NEED YEAR BUILT; SQ. FTG.

Building #1-8 (Rec Center) $200,000
Frame; PC4; 2 Story; NEED YEAR BUILT; SQ. FTG.

Business Personal Property #1-8 $ 35,000
Frame; PC4; 2 Story; NEED YEAR BUILT; SQ. FTG.

Business Income #1-8 $ 50,000
Frame; PC4; 2 Story; NEED YEAR BUILT; SQ. FTG.

EXCLUSIONS

Exclusion – Theft
Exclusion – Terrorism
Exclusion – Flood

Exclusion - Earthquake

We would like to thank you for the opportunity to quote and hopefully provide our insurance services for your business. We pride ourselves in our customer service and ability to provide coverage that other agencies cannot.

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, April 10, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Endless Mountain Recreation Inc (17727)
Requested Effective: 4/13/2013

Total premium with taxes and fees: $7,198.64

I decline coverage for	Initials
Workers Comp	_____
EPLI	_____
Flood	_____
Earthquake	_____
Commercial Auto	_____
Hired/Non-Owned Auto	_____
Umbrella	_____

Broker of Record: Cossio Insurance Agency

Down Payment Required is $2,557.64 *
*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 $4,641.00

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. *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 ____

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

Thank you

Signature of Insured _____

Printed Name _____ Date: _____

Please bind coverage for:
- Property

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

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 3/11/2013

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	$
[ ]	COMMERCIAL GENERAL LIABILITY	$	[ ]	INSTALLATION / BUILDERS RISK	$	[ ]		$
[ ]	CRIME / MISCELLANEOUS CRIME	$	[ ]	OPEN CARGO	$	[ ]		$
[ ]	DEALERS	$	[x]	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
04/13/13	04/13/14	[ ] DIRECT [x] AGENCY				$	$	$

APPLICANT INFORMATION

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

Endless Mountain Recreation Inc.

631 Lindsey Ave
Cocoa, FL 32927

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

BUSINESS PHONE #: (570)465-9622

WEBSITE ADDRESS: http://www.emrpaintball.com

- [x] CORPORATION
- [ ] INDIVIDUAL
- [ ] 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

- [ ] CORPORATION
- [ ] INDIVIDUAL
- [ ] 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

- [ ] CORPORATION
- [ ] INDIVIDUAL
- [ ] 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: Mike Hanse	CONTACT NAME:
PRIMARY PHONE # ☐ HOME ☒ BUS ☐ CELL: (570) 656-4192	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: emr@emrpaintball.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	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
1	577 Wolf's Lair Road	☐ INSIDE	☐ OWNER		269,000
BLD #	CITY: New Milford STATE: PA	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
1	COUNTY: ZIP: 18834				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	☐ OUTSIDE	☐ TENANT	# 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	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	☐ OUTSIDE	☐ TENANT	# 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	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	☐ OUTSIDE	☐ TENANT	# 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

Paintball Field

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**	y
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				
	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

X 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)

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

ACORD

AGENCY CUSTOMERID:

PROPERTY SECTION

DATE (MM/DD/YYYY): 3/11/2013

AGENCY NAME	CARRIER	NAIC CODE
COSSIO INSURANCE		

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
	04/13/13	Endless Mountain Recreation Inc.

PREMISESINFORMATION

PREMISES #: 1 — STREET ADDRESS: Rt 706&601 Wolf's Lair Rd Hallstead PA

BUILDING #: 1 — BLDG DESCRIPTION: A-Frame House

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	$50,000	80%	RCC	Special				

ADDITIONAL INFORMATION [ ] BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 [ ] VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONALCOVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
[ ]			[ ]	[ ] BREAKDOWN OR CONTAMINATION [ ] POWER OUTAGE [ ] SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) [ ] ACCEPT COVERAGE [ ] REJECT COVERAGE LIMIT: $

[ ] PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	#BASM'TS	YR BUILT	TOTAL AREA
Frame	100 FT	3 MI			4	2	0	1987	1000

BUILDING IMPROVEMENTS: [ ] WIRING, YR: [ ] PLUMBING, YR: [ ] ROOFING, YR: [ ] HEATING, YR: [ ] OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES

WIND CLASS: [ ] RESISTIVE [ ] SEMI- RESISTIVE

[ ] HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____ MANUFACTURER:

PRIMARY HEAT: [ ] BOILER [ ] SOLID FUEL [ ] IF BOILER, IS INSURANCE PLACED ELSEWHERE? [ ] Y / N

SECONDARY HEAT: [ ] BOILER [ ] SOLID FUEL [ ] IF BOILER, IS INSURANCE PLACED ELSEWHERE? [ ] Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | [ ] CENTRAL STATION [ ] LOCAL GONG [ ] WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | [ ] CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems): Extinguishers | % SPRNK: 0 | FIRE ALARM MANUFACTURER | [ ] CENTRAL STATION [ ] LOCAL GONG

ADDITIONAL INTEREST [ ] ACORD 45 attached for additional names

INTEREST: [ ] LOSS PAYEE [ ] MORTGAGEE [ ]

NAME AND ADDRESS RANK: ____ EVIDENCE: [ ] CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER

LOCATION: BUILDING:

ITEM CLASS: ITEM:

ITEM DESCRIPTION

REMARKS

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AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION

PREMISES #:	1	STREET ADDRESS:	Rt 706&601 Wolf's Lair Rd Hallstead PA
BUILDING #:	2	BLDG DESCRIPTION:	Barn-Frame, used for lawn equipment

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	$50,000	80%	RCC	Special				

ADDITIONAL INFORMATION [ ] BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 [ ] VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) [ ]

DESCRIPTION OF PROPERTY COVERED

LIMIT $

DEDUCTIBLE $

REFRIG MAINT AGREEMENT (Y/N) [ ]

OPTIONS
[ ] BREAKDOWN OR CONTAMINATION
[ ] POWER OUTAGE [ ] SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) [ ] ACCEPT COVERAGE [ ] REJECT COVERAGE LIMIT: $

[ ] PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	#BASM'TS	YR BUILT	TOTAL AREA
Frame	100 FT	3 MI			4	2	0	1987	3000

BUILDING IMPROVEMENTS
[ ] WIRING, YR: [ ] PLUMBING, YR:
[ ] ROOFING, YR: [ ] HEATING, YR:
[ ] OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS [ ] RESISTIVE [ ] SEMI- RESISTIVE

OTHER OCCUPANCIES
[ ] HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____
MANUFACTURER:

PRIMARY HEAT
[ ] BOILER [ ] SOLID FUEL [ ]
IF BOILER, IS INSURANCE PLACED ELSEWHERE? [ ] Y / N

SECONDARY HEAT
[ ] BOILER [ ] SOLID FUEL [ ]
IF BOILER, IS INSURANCE PLACED ELSEWHERE? [ ] Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | [ ] CENTRAL STATION [ ] LOCAL GONG [ ] WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | [ ] CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems): Extinguishers | % SPRNK: 0 | FIRE ALARM MANUFACTURER | [ ] CENTRAL STATION [ ] LOCAL GONG

ADDITIONAL INTEREST

[ ] ACORD 45 attached for additional names

INTEREST
[ ] LOSS PAYEE
[ ] MORTGAGEE
[ ]

NAME AND ADDRESS RANK: _____ EVIDENCE: [ ] CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER
LOCATION: BUILDING:
ITEM CLASS: ITEM:
ITEM DESCRIPTION

REMARKS

AGENCY CUSTOMER ID: _____

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REMARKS

ACORD

AGENCY CUSTOMERID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY): 3/11/2013

AGENCY NAME	CARRIER	NAIC CODE
COSSIO INSURANCE		

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
	04/13/13	Endless Mountain Recreation Inc.

PREMISESINFORMATION

PREMISES #: 1 — STREET ADDRESS: Rt 706&601 Wolf's Lair Rd Hallstead PA

BUILDING #: 3 — BLDG DESCRIPTION: 30 Bunkhouses

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	$150,000	80%	Rcc	Special		1,000		

ADDITIONAL INFORMATION ☐ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 ☐ VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONALCOVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) ☐ ACCEPT COVERAGE ☐ REJECT COVERAGE LIMIT: $

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK — # OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	#BASM'TS	YR BUILT	TOTAL AREA
Frame	100 FT	3 MI			4	1	0	1987	450 ea

BUILDING IMPROVEMENTS: ☐ WIRING, YR: ☐ PLUMBING, YR: ☐ ROOFING, YR: ☐ HEATING, YR: ☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES

WIND CLASS: ☐ RESISTIVE ☐ SEMI- RESISTIVE

☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT — DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ — IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ — IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	
			☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	
				☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	
Extinguishers			☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST ☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LOSS PAYEE ☐ MORTGAGEE ☐					LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

REFERENCE / LOAN #:

REMARKS

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AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION

PREMISES #:	1	STREET ADDRESS:	Rt 706&601 Wolf's Lair Rd Hallstead PA
BUILDING #:	4	BLDG DESCRIPTION:	Castle structure used for paintball play

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	$75,000	80%	RCC	Special				
Loss Of Income	$50,000	80%	RCC	Special				

ADDITIONAL INFORMATION ☐ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 ☐ VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) ☐ ACCEPT COVERAGE ☐ REJECT COVERAGE LIMIT: $

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	#BASM'TS	YR BUILT	TOTAL AREA
Frame	100 FT	3 MI			4	2	0	1998	1 acre

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
☐ WIRING, YR: ☐ PLUMBING, YR: ☐ ROOFING, YR: ☐ HEATING, YR: ☐ OTHER: YR:	WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE			☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N	☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	
			☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	
				☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	
			☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:		LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION:

REMARKS

AGENCY CUSTOMER ID: _____

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REMARKS

AGENCY CUSTOMERID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY): 3/11/2013

AGENCY NAME	CARRIER	NAIC CODE
COSSIO INSURANCE		

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
	04/13/13	Endless Mountain Recreation Inc.

PREMISESINFORMATION

PREMISES #: 1 | STREET ADDRESS: Rt 706&601 Wolf's Lair Rd Hallstead PA

BUILDING #: 5 | BLDG DESCRIPTION: Frame/stockade fort used for paintball play

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	$50,000	RCC	80%	Special		1,000		

ADDITIONAL INFORMATION [ ] BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 [ ] VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONALCOVERAGES, OPTIONS, RESTRICTIONSENDORSEMENTSAND RATINGINFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
[ ]			[ ]	[ ] BREAKDOWN OR CONTAMINATION [ ] POWER OUTAGE [ ] SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) [ ] ACCEPT COVERAGE [ ] REJECT COVERAGE LIMIT: $

[ ] PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	#BASM'TS	YR BUILT	TOTAL AREA
Frame	100 FT	3 MI			4	2	0	2005	15000

BUILDING IMPROVEMENTS: [ ] WIRING, YR: [ ] PLUMBING, YR: [ ] ROOFING, YR: [ ] HEATING, YR: [ ] OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES

WIND CLASS: [ ] RESISTIVE [ ] SEMI- RESISTIVE

[ ] HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT: [ ] BOILER [ ] SOLID FUEL [ ] IF BOILER, IS INSURANCE PLACED ELSEWHERE? [ ] Y / N

SECONDARY HEAT: [ ] BOILER [ ] SOLID FUEL [ ] IF BOILER, IS INSURANCE PLACED ELSEWHERE? [ ] Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | [ ] CENTRAL STATION [ ] LOCAL GONG [ ] WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | [ ] CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | [ ] CENTRAL STATION [ ] LOCAL GONG

ADDITIONAL INTEREST [ ] ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: [ ] CERTIFICATE	INTEREST IN ITEM NUMBER
[ ] LOSS PAYEE [ ] MORTGAGEE [ ]	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

REMARKS

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AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION

PREMISES #:	1	STREET ADDRESS:	Rt 706&601 Wolf's Lair Rd Hallstead PA
BUILDING #:	6	BLDG DESCRIPTION:	Paintball Museum

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	$75,000	80%	RCC	Special		1,000		
Contents	$35,000	80%	RCC	Special		1,000		

ADDITIONAL INFORMATION ☐ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 ☐ VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) ☐ | DESCRIPTION OF PROPERTY COVERED | LIMIT $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y/N) ☐ | OPTIONS: ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) ☐ ACCEPT COVERAGE ☐ REJECT COVERAGE LIMIT: $

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	#BASM'TS	YR BUILT	TOTAL AREA
Frame	100 FT	3 MI			1	2	0	1987	1800

BUILDING IMPROVEMENTS: ☐ WIRING, YR: ☐ PLUMBING, YR: ☐ ROOFING, YR: ☐ HEATING, YR: ☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE | WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES | ☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE: Doors and motion | CERTIFICATE # | EXPIRATION DATE | ☒ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY: ADT | EXTENT | GRADE | # GUARDS / WATCHMEN | ☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems): Extinguishers | % SPRNK | FIRE ALARM MANUFACTURER | ☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST ☐ ACORD 45 attached for additional names

INTEREST: ☐ LOSS PAYEE ☐ MORTGAGEE ☐

NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER | LOCATION: | BUILDING: | ITEM CLASS: | ITEM: | ITEM DESCRIPTION

REMARKS

AGENCY CUSTOMER ID: _____

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REMARKS

ACORD

AGENCY CUSTOMERID:

PROPERTY SECTION

DATE (MM/DD/YYYY) 3/11/2013

AGENCY NAME	CARRIER	NAIC CODE
COSSIO INSURANCE		

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
	04/13/13	Endless Mountain Recreation Inc.

PREMISESINFORMATION

PREMISES #: 1 STREET ADDRESS: Rt 706&601 Wolf's Lair Rd Hallstead PA

BUILDING #: 7 BLDG DESCRIPTION: Picnic Pavilion

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	$5,000	80%	RCC	Special		1,000		

ADDITIONAL INFORMATION [ ] BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 [ ] VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONALCOVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
[ ]			[ ]	[ ] BREAKDOWN OR CONTAMINATION [ ] POWER OUTAGE [ ] SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) [ ] ACCEPT COVERAGE [ ] REJECT COVERAGE LIMIT: $

[ ] PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	#BASM'TS	YR BUILT	TOTAL AREA
Frame	100 FT	3 MI				1	0		

BUILDING IMPROVEMENTS: [ ] WIRING, YR: [ ] PLUMBING, YR: [ ] ROOFING, YR: [ ] HEATING, YR: [ ] OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES

WIND CLASS: [ ] RESISTIVE [ ] SEMI- RESISTIVE

[ ] HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____ MANUFACTURER:

PRIMARY HEAT: [ ] BOILER [ ] SOLID FUEL [ ] IF BOILER, IS INSURANCE PLACED ELSEWHERE? [ ] Y / N

SECONDARY HEAT: [ ] BOILER [ ] SOLID FUEL [ ] IF BOILER, IS INSURANCE PLACED ELSEWHERE? [ ] Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | [ ] CENTRAL STATION [ ] LOCAL GONG [ ] WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | [ ] CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | [ ] CENTRAL STATION [ ] LOCAL GONG

ADDITIONAL INTEREST [ ] ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: [ ] CERTIFICATE	INTEREST IN ITEM NUMBER
[ ] LOSS PAYEE [ ] MORTGAGEE [ ]	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

REMARKS

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The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION

PREMISES #:	1	STREET ADDRESS:	Rt 706&601 Wolf's Lair Rd Hallstead PA
BUILDING #:	8	BLDG DESCRIPTION:	Rec Center

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	$200,000	80%	RCC	Special				
Contents	$35,000	80%	RCC	Special				
Loss of Income	$50,000	80%	RCC	Special				

ADDITIONAL INFORMATION [ ] BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 [ ] VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
[ ]			[ ]	[ ] BREAKDOWN OR CONTAMINATION [ ] POWER OUTAGE [ ] SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) [ ] ACCEPT COVERAGE [ ] REJECT COVERAGE LIMIT: $

[ ] PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	DISTANCE TO FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	#BASM'TS	YR BUILT	TOTAL AREA
Frame	100 FT	3 MI			4	2	0		

BUILDING IMPROVEMENTS

[ ] WIRING, YR: [ ] PLUMBING, YR:
[ ] ROOFING, YR: [ ] HEATING, YR:
[ ] OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS: [ ] RESISTIVE [ ] SEMI- RESISTIVE

OTHER OCCUPANCIES

[ ] HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____
MANUFACTURER:

PRIMARY HEAT

[ ] BOILER [ ] SOLID FUEL [ ]
IF BOILER, IS INSURANCE PLACED ELSEWHERE? [ ] Y / N

SECONDARY HEAT

[ ] BOILER [ ] SOLID FUEL [ ]
IF BOILER, IS INSURANCE PLACED ELSEWHERE? [ ] Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	
			[ ] CENTRAL STATION [ ] LOCAL GONG [ ] WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	
				[ ] CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	
			[ ] CENTRAL STATION [ ] LOCAL GONG

ADDITIONAL INTEREST

[ ] ACORD 45 attached for additional names

INTEREST

[ ] LOSS PAYEE
[ ] MORTGAGEE
[ ]

NAME AND ADDRESS RANK: _____ EVIDENCE: [ ] CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER

LOCATION: BUILDING:
ITEM CLASS: ITEM:
ITEM DESCRIPTION

REMARKS

AGENCY CUSTOMER ID: _____

FRAUD NOTICES

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 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.

REMARKS

RSUI Group, Inc.
945 East Paces Ferry Road
Suite 1800
Atlanta, GA 30326-1125

Phone (404) 231-2366
Fax (404) 231-3755

Policy Number: _____

Insurer: _____

Named Insured: _____

OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are ***certified by the Secretary of the Treasury*** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

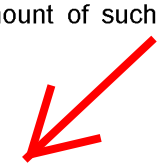
If the premium shown in the DISCLOSURE OF PREMIUM is $__ this policy will be issued covering certified acts of terrorism unless the insured rejects coverage by signing below. The insured need only return this form if coverage is being rejected.

DISCLOSURE OF PREMIUM

If you accept this offer at the time of binding your coverage, the premium covering acts of terrorism ***that are certified by the Secretary of the Treasury*** under the Terrorism Risk Insurance Act is $ SEE QUOTE PAGE

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds $100 billion.



I reject coverage for certified acts of terrorism: _____ _____

Insured's Signature Date

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: 17727 Endless Mountain Recreation Inc

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $2,659.95

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: $ $2,557.64

Credit Card Fee: $ $102.31

Total: $ $2,659.95

P.O. BOX 419090
KANSAS CITY, MO 64141-6090
(800)255-6316 FAX: (816)942-0475

PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

A	**CASH PRICE (TOTAL PREMIUMS)**	**$7,198.64**
B	**CASH DOWN PAYMENT**	**$2,557.64**
C	**PRINCIPAL BALANCE (A MINUS B)**	**$4,641.00**
D	**DOC STAMP**	**$16.45**

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)
Endless Mountain Recreation Inc

631 Lindsey Avenue

Cocoa, FL 32927
FAX: (570)465-2834
emr@emrpaintball.com

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 1562056

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%	$195.26	$4,657.45	$4,852.71

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	**Amount Of Payments**	**When Payments Are Due**	
9	$539.19	**Beginning:**	MONTHLY 05/13/2013

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	04/13/2013	COVINGTON SPECIALTY INSURANCE CO TRAVIS-PEDERSEN INC	PROPERTY	25.00%	12	6,188.00 Fee: 725.00 Tax: 185.64
					Broker Fee:	$100.00
					TOTAL:	$7,198.64

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. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than $1.00.

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 _____

(11/11) Copyright 2011 IPFS Corporation

Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES**: The finance charge begins to accrue as of the earliest policy effective date. **4. AGREEMENT EFFECTIVE DATE**: This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS**: Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION**: Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES**: If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES**: If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to $15.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION**: Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. **10. ASSIGNMENT**: The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER**: The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION**: The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS**: Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY**: The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender' gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT**: This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES**: The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. PRIVACY**: Our privacy policy may be found at https://www.ipfs.com/Privacy.aspx. **18. ENTIRE DOCUMENT / GOVERNING LAW**: This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement. **19. AUTHORIZATION**: The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **20. WAIVER OF SOVERIGN IMMUNITY**: The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

AGENT/BROKER REPRESENTATIONS

The agent/broker executing this agreement represents, warrants and agrees: (1) installment payments totaling $0.00 and the down payment indicated in Box "B" on Page 1 has been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.