Insured by The CIA

2/25/2013

Company Name: **Official Paintball Games of Texas, Inc**
Contact Name: **Vanessa Dennehy**
Mailing Address: **17437 Adams Trail, Forney, TX 75126**
Location Address: **17437 Adams Trail, Forney, TX 75126**
Business Type: **Paintball Field**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
Paintball GL	**Quoted**	**$2,254.36**
Accident Medical	**Quoted**	**$710.00**
Property	Not Quoted	
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	
Business Income	Not Quoted	
Total		**$2,964.36**

Rated Exposures

Number of Participants:	5500	Modes of Fire Covered:	Semi/3 shot
Retail Sales Coverage:	Excluded	New Business:	**No**
Overnight Campers:	Excluded	Tournament Promoter:	Excluded
Off Premise events:	Excluded	Activities:	Paintball

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$1,119.19	$1,163.96	$1,144.19
Pay In Full	$2,964.36	N/A	$2,989.36

DOCUMENTS REQUIRED PRIOR TO BINDING:

1. **COMPLETED & SIGNED INSURANCE BIND REQUEST FORM**
2. **SIGNED INSURANCE APPLICATION**
3. **SIGNED SPECIAL RISK ENROLLMENT FORM**
4. **SIGNED & DATED FINANCE AGREEMENT IF YOU ARE NOT PAYING IN FULL**

Policy coverages, limits, exclusions are on following pages.

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

Paintball GL

Carrier: **New Hampshire Insurance Company**
Policy Term: **2013-2014**

LIMITS

Each Occurrence	$1,000,000
General Aggregate	$3,000,000
Products and Completed Operations Aggregate	$3,000,000
Personal and Advertising Injury	$1,000,000
Fire Damage Limit - Any One Fire	$300,000
Sexual Abuse Liability Each Occurrence or Event	Excluded
Sexual Abuse Liability Aggregate	Excluded
Medical Payments	Excluded
Deductible	None

EXCLUSIONS

Total Lead, Radioactive Matter, Fungus, Asbestos and Silica, Abuse & Molestation, Employment Practices, Total Pollution, Nuclear, Fireworks, Assault & Battery, Medical Payments, Violation of Statutes, Hang Gliding, Parasailing, Parachuting, Toboganning, Luge, Skateboarding, Trampolines over 46" in diameter, Bungee Jumping, Hot Air Balloon Rides, Mechanical Bulls, Saddle Animals, Velcro Jumps, Race Track Risks, Boating, Motorsports, Rodeo, Mechanical Rides, Inflatables, Overnight Clinic/Camps, Ski Jumping, Freestyle Skiing, Snowmobiling, Cheerleading pyramids over 2-1/2 persons high, Cheerleading activities using trampolines and springboards, Saddle Animal Rides, Petting Zoos, Racing or Speed Contests involving Autos, Racing or Speed Contests Involving Watercraft, Racing or Speed Contests involving Aircraft, Parades - riding on floats or motorized devices, Pep Rallies, Tug of War, Licensed Daycare/Preschool Operations, Open Water Activities, Repetitive Type Injuries to Horses/Ponies

Accident Medical

Carrier: **United States Fire Insurance Company**
Policy Term: **2013-2014**

LIMITS

Accidental Death & Dismemberment	$50,000
Maximum Benefit Amount	$50,000
Deductible	$0

EXCLUSIONS

Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane
War or any act of war, whether or not declared.
Sickness, disease or 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 any 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 that 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
Service 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 for the transportation of passengers.

CONDITIONS

- **All participants must be required to wear approved mask and ear protection at all times.**
- **Barrel blockers must be used when not in play.**
- **Waivers must be signed by all participants.**
- **All CO2 or nitrogen tanks must be chained securely at all times and the use of scales for CO2 refills is mandatory.**
- **There must be 1 official for games with less than 10 players.**
- **There must be 2 officials for every 15 players for speed ball and tournaments.**
- **Each park must have a no shooting rule within 20 ft except tournament play where there is at least 2 official for every 15 players**
- **Policyholders must install a Release and Waiver of Liability and Indemnity Agreement for all athletic participants.**
- **Night games must be well lit for outdoor fields.**

NOTES

- **All fees are fully earned upon binding**
- **Minimum earned premium applies**
- **Requests for additional insured's or special wording may be subject to a fee as determined by your insurance carrier.**
- **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.**
- **The quote provided for you is intended as an outline of the coverage being offered. Please refer to the actual policy for all terms, conditions and exclusions.**
- **New Hampshire Insurance Company and United States Fire Insurance Company are admitted carriers in your state.**
- **Quote is valid for 30 days & subject to correction**

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

Monday, February 25, 2013

Cossio Insurance Agency

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

Customer: Official Paintball Games of Texas, Inc (2536)
Requested Effective: 3/1/2013

Total premium with taxes and fees: $2,964.36

Broker of Record: Cossio Insurance Agency

Down Payment required is $1,119.19 *
*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 $1,845.17

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

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:
- Paintball GL
- Accident Medical

General Mailing Address:
PO Box 188
Simpsonville, SC 29681

Wire Transfer:
South Carolina Bank and Trust, NA
PO Box 1287
Orangeburg SC 29116
Telephone: 800-277-2175
Account #: 1502681
Routing #: 053200983

UPS/FedEx Mailing Address:
107 Old Laurens Road
Simpsonville, SC 29681

EZ RENEWAL FOR PAINTBALL/AIRSOFT/LASERTAG

Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 Simpsonville SC 29681

DIRECTIONS:

1. Complete the enrollment form (all pages) in full by filling in the blue fields.
2. Please fill in all the fields with the correct information.
3. Email the complated application to apps@cossioinsurance.com or fax to 864-688-0138.

Section 1: General Information

Customer ID: 2536	Business Name: Official Paintball Games of Texas, Inc	
Business Type: ☑ Paintball ☐ Airsoft ☐ Lasertag		
Mailing Address: 17437 Adams Trail		
City: Forney	State: TX	Zip: 75126
Field Address #1: 17437 Adams Trail		
City: Forney	State: TX	Zip: 75126
Field Address #2:		
City:	State:	Zip:
Field Address #3:		
City:	State:	Zip:
Field Address #4:		
City:	State:	Zip:
Field Address #5:		
City:	State:	Zip:

Section 2: ESTIMATED PLAYERS & ANNUAL RECEIPTS FROM PREVIOUS YEAR

Estimated Number of Annual Participant:	5500
Estimated Annual Gross Receipts from Admissions, Rentals, and Paintballs only:	$163,900.00
Estimated Annual Gross Receipts from on site Pro Shop (upgrades, gloves, etc):	$7,800.00
Estimated Annual Gross Receipts from concessions* (food, drinks, etc): *unless contracted out and contractor carries their own insurance	$3,300.00
Estimated Total Annual Gross Receipts:	$175,000.00

Section 3: ESTIMATED PLAYERS & ANNUAL RECEIPTS FOR UPCOMING YEAR

Estimated Number of Annual Participant:	5500
Estimated Annual Gross Receipts from Admissions, Rentals, and Paintballs only:	$163,900.00
Estimated Annual Gross Receipts from on site Pro Shop (upgrades, gloves, etc):	$7,800.00
Estimated Annual Gross Receipts from concessions* (food, drinks, etc): *unless contracted out and contractor carries their own insurance	$3,300.00
Estimated Total Annual Gross Receipts:	$175,000.00

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EZ RENEWAL FOR PAINTBALL/AIRSOFT/LASERTAG

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Section 4: ADDITIONAL QUESTIONS

Have you made any changes to your field operations since your last application?	☐ Yes ☑ No
If so explain:	
Do you have a pro shop on site?	☑ Yes ☐ No
Do you have a pro shop at a different location?	☐ Yes ☑ No
Do you want coverage for retail sales from your pro shop?	☐ Yes ☑ No
Are you planning on any off premise events in the next 12 months?	☐ Yes ☑ No

Name (Individual completing this Application) Vanessa Dennehy	Date: 2/25/2013

☐ By checking this box, I certify that the information provided in this application is true and correct to the best of my knowledge.

FYI, we write with 3 different insurance companies to bring you the best price, coverage, and flexibility. By completing this EZ Renewal app you no longer have to do a full application and give us the information we need to provide you with the best quote. Another great service from the CIA!

PLEASE CONTINUE ON TO THE NEXT PAGE TO READ & SIGN FRAUD STATEMENT

THE CIA

FRAUD STATEMENTS

Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 Simpsonville SC 29681

FRAUD NOTICE

GENERAL STATEMENT: 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)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE 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.

APPLICABLE IN FLORDIA: 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.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE 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.

APPLICABLE 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.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE 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.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:	Date:

SAVE APPLICATION

ENROLLMENT FORM FOR ACCIDENT INSURANCE

Policyholder Name: Official Paintball Games of Texas, Inc

Policyholder Mailing Address: _____

City: Forney State: TX Zip: 75126

Field Address: 17437 Adams Trail

City: Forney State: TX Zip: 75126

Policyholder Contact Name: Vanessa Dennehy Policyholder Email Address: vanessa@officialpaintball.com

Effective Date: 3/1/2013 Expiration Date: 3/1/2014

Covered Activity: Paintball

Plan of Benefits Per Quotation:

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

☐ Excess Coverage ☐ Primary Coverage

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

Accident Insurance – Deductible: $ 0

Total Accident Premium: $ _____

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

Number of Participants: 5500

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

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

Acceptance of Terms above:

Policyholder Signature: _____ Title: _____ Date: _____

Print Policyholder Name: Vanessa Dennehy

Agency Information (If applicable):

Agency Name: Cossio Insurance Agency

Agent Mailing Address: PO Box 188 Simpsonville SC 29681

Street City State Zip

Agent Contact Name: Larry Cossio Agent License #: _____

Agent Email Address: _____ Agent Phone #: _____

THE CIA

CREDIT CARD AUTHORIZATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 Simpsonville SC 29681

There is an additional processing fee of 4% that I am obliged to pay for the ability to use a credit card to pay for my insurance premium, in part or in full. This is an optional charge that I can avoid paying by using a check or wire fund transfer to pay any amounts associated with the cost of my insurance premium.Example: If my insurance premium that I want to use my credit card to pay is $1000, the amount to be charged to the credit card including the above fee will be $1040.

Customer ID Number: 2536 Official Paintball Games of Texas, Inc

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $1,163.96

Credit card Number:	Expiration Date:

Name on Card:

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: 2/25/2013

Payment: $ $1,119.19

Credit Card Fee: $ $44.77

Total: $ $1,163.96

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

PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

A	**CASH PRICE (TOTAL PREMIUMS)**	**$2,964.36**
B	**CASH DOWN PAYMENT**	**$1,119.19**
C	**PRINCIPAL BALANCE (A MINUS B)**	**$1,845.17**

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)
Official Paintball Games of Texas,

17437 Adams Trail

Forney, TX 75126
(972)564-4748 FAX: (972)552-3443
vanessa@officialpaintball.com

Commercial

Account #: _____

LOAN DISCLOSURE
Additional Policies Scheduled on Page 3

Quote Number: 1445701

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%	$77.32	$1,845.17	$1,922.49

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	
9	$213.61	Beginning:	MONTHLY 04/01/2013

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

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.
Late Charges: A late charge will be imposed on any installment in default 10 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. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	03/01/2013	UNITED STATES FIRE INSURANCE CO FRANCIS L DEAN & ASSOCIATES, INC	ACCIDENT & HEALTH	36.00%	12	710.00
				Broker Fee:		$400.00
				TOTAL:		$2,964.36

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

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

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

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

(01/12) Copyright 2012 IPFS Corporation

Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES**: The finance charge begins to accrue from each policy effective date or the date on which Lender made payment to the insurer for the financed policy, whichever is earlier.
4. AGREEMENT EFFECTIVE DATE: This Agreement shall be effective upon the earlier of (a) the date when written acceptance is mailed to the insured by Lender and (b) three working days following Lender's receipt of a properly signed and completed Agreement unless such Agreement has been returned by Lender to the agent/broker within such period. **5. DEFAULT AND DELINQUENT PAYMENTS**: If any of the following happens insured will be in default: (a) a payment is not made when it is due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is instituted by or against insured, or (c) insured fails to keep any promise the insured makes in this Agreement; provided, however, that, to the extent required by applicable law, insured may be held to be in default only upon the occurrence of an event described in clause (a) above. 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 insured's check or electronic funding is dishonored for any reason, the insured will pay to Lender a fee of $30.00 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 and Lender may charge a reinstatement fee where permitted up to the maximum amount allowed by law. **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. 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 to the extent permitted by law 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 Texas 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.

AGENT	INSURED
(Name & Place of business) COSSIO INSURANCE AGENCY P.O. BOX 188 SIMPSONVILLE,SC 29681 (864)688-0121 FAX: (864)688-0138	(Name & Residence or business) Official Paintball Games of Texas, 17437 Adams Trail Forney, TX 75126 (972)564-4748 FAX: (972)552-3443 vanessa@officialpaintball.com

Account #: _____

SCHEDULE OF POLICIES
(continued)

Quote Number: 1445701

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	03/01/2013	NEW HAMPSHIRE INSURANCE CO	GENERAL LIABILITY	25.00%	12	1,854.36
				Broker Fee:		$400.00
				TOTAL:		$2,964.36