THE CIA
Cossio Insurance Agency

Insured by The CIA

8/26/2013

Company Name: **Crash MurrayEntertainment**
Contact Name: **John Murray**
Mailing Address: **1202 Lakewood Drive, Jonesboro, AR 72404**
Location Address: **3327 Hwy 163, Jonesboro, AR 72404**
Business Type: **Paintball Field**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
Paintball GL	**Quoted**	**$1,079.93**
Accident Medical (Paintball)	**Quoted**	**$250.00**
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		**$1,329.93**

Rated Exposures

Number of Participants: **1000**
Retail Sales Coverage: **Excluded**
Overnight Campers: **Excluded**
Off Premise events: **Excluded**
Modes of Fire Covered: **Semi-Auto, Burst**
New Business: **Yes**
Tournament Promoter: **Excluded**
Activities: **Paintball**

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$1,329.93	$1,383.13	$1,354.93
Pay In Full	$1,329.93	$1,383.13	$1,354.93

DOCUMENTS REQUIRED PRIOR TO BINDING:

1. **COMPLETED & SIGNED INSURANCE BIND REQUEST FORM (ATTACHED)**
2. **SIGNED SPECIAL RISK ENROLLMENT FORM (ATTACHED)**

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
Medical Payments	Excluded
Deductible	None
Abuse-Molestation Occurrence*	Excluded
Abuse-Molestation Aggregate*	Excluded

EXCLUSIONS

Total Lead Exclusion
Radioactive Contamination
Fungus Exclusion
Asbestos and Silica Exclusion
Abuse & Molestation Exclusion
Employment Practices Exclusion
Total Pollution Exclusion
Nuclear Exclusion
Fireworks Exclusion
Assault & Battery Exclusion
Medical Payments Exclusion
Violation of Statutes Exclusion
Exclusion of Liability Insurance Afforded Under Another Policy
Expected or Intended Injury
Contractual Liability
Liquor Liability
Workers' Compensation and Similar Laws
Employer's Liability
Aircraft, Auto or Watercraft
Mobile Equipment
War
Damage to Property
Damage to your Product
Damage to your Work
Damage to impaired property or property not physically injured
Recall of Products, Work or Impaired Property
Electronic Data
Distribution of Material In Violation Of Statutes
Excluded Activities: Hang Gliding, Parasailing, Parachuting, Tobogganing, 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, Ski Jumping, Freestyle Skiing, Snowmobiling, Cheerleading, Saddle Animal Rides, Petting Zoos, Racing or Speed Contest (involving Autos, Watercraft, Aircraft), Parades, Pep Rallies, Tug of War, Licensed Daycare/Preschool Operations, Open Water Activities, Repetitive Type Injuries to Horses/Ponies.

Accident Medical (Paintball)

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

LIMITS

Maximum Medical Benefit per Claim	$50,000
Accidental Death/Dismemberment Benefit per Claim	$50,000
Deductible	None

EXCLUSIONS

- Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.)
- Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.)
- Commission or attempt to commit a felony
- Participation in a riot or insurrection
- Driving under the influence of a controlled substance unless administered on the advice of a doctor
- Driving while Intoxicated. “Intoxicated” will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
- Declared or undeclared war or act of war
- An Accident which occurs while the Covered Person is on active duty service in any Armed Forces (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.)
- Aviation, except as specifically provided in the policy.
- Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
- Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and the loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy and the Covered Person was within a 25-mile radius of the site of the release either at the time of the release or within 24 hours of the start of the release.
- Normal health checkups
- Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident.
- Services or treatment rendered by a doctor, nurse or any other person who is employed or retained by the insured or the insured or a member of his immediate family.
- Charges which the Covered Person would not have to pay if he did not have insurance; or are in excess of Usual, Reasonable and Customary charges
- An Injury that is caused by flight in an aircraft, except as a fare-paying passenger, a space craft or any craft designed for navigation above or beyond the earth's atmosphere or an ultra-light, hang-gliding, parachuting or bungi-cord jumping.
- Travel in or upon a snowmobile, any two or three wheeled motor vehicle, any off-road motorized vehicle not requiring licensing as a motor vehicle.

- That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited).
- Injury that is the result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs) or caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor.
- Any Sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food.
- Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Policy.
- Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
- Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood.
- Elective treatment or surgery, health treatment, or examination where no Injury is involved.
- Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request.
- Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
- Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
- Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy.
- Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body.
- Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws.
- The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
- Rest cures or custodial care.
- The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges.
- Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits.
- Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports.
- Services and supplies furnished by the Policyholder's infirmary, its employees, or doctors who work for the Policyholder.
- Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.
- Prescription medicines unless specifically provided for under this policy or certificate.

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.**
- **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.**
- **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.**
- **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.**
- **Overnight camping can be added for an additional premium.**
- **Off-site events can be added for an additional premium.**
- **Policy includes a Rolling Date Endorsement - In the event of termination of expiration of this master policy, coverage under the terms and conditions of this policy will remain in force for all certificates in force at the date of termination or expiration of this policy until such certificate's termination or expiration, not to exceed 12 months.**
- **Coverage shall not apply to bodily injury to a participant unless you provide us a copy of the signed Release and Waiver of Liability & Indemnity Agreement along with the notice of the participant's claim.**
- **In the event that you are unable to provide a copy of the signed waiver despite your best efforts, you must assume and pay the first $500 of each occurrence (including supplemental payments) resulting in participant legal liability claim.**

QUOTE SUBJECT TO:
1. No previous claims or losses

NOTES

- **All fees are fully earned upon binding.**
- **Minimum earned premium applies $819.98 is non-refundable once coverage begins.**
- **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.**
- **Flat cancellations are not permitted.**

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, August 26, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Crash MurrayEntertainment (52461)
Requested Effective: 9/15/2013

Total premium with taxes and fees: $1,329.93

Broker of Record: Cossio Insurance Agency

Down Payment Required is $1,329.93 *
*Amount is non-refundable once coverage begins
Taxes and fees are fully earned.

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

Balance Due $0.00

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

I understand that:

1. All fees are fully earned upon binding. *Minimum earned premium applies. Initial _____

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

3. The premium quoted above includes a $400.00 broker fee which is not refundable and is fully earned upon binding. Initial ____

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

Thank you

Signature of Insured _____

Printed Name _____ Date: _____

Please bind coverage for:
- Paintball GL
- Accident Medical (Paintball)

General Mailing Address:
PO Box 188
Simpsonville, SC 29681

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

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

ENROLLMENT FORM FOR ACCIDENT INSURANCE

Policyholder Name: Crash MurrayEntertainment dba Zombie Nation

Policyholder Mailing Address: 1202 Lakewood Drive

City: Jonesboro State: AR Zip: 72404

Field Address: 3327 Hwy 163

City: Jonesboro State: AR Zip: 72404

Policyholder Contact Name: John Murray Policyholder Email Address: john_murray10@yahoo.com

Effective Date: 09/15/2013 Expiration Date: 09/15/2014

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: 1000

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: John Murray

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: 52461 Crash MurrayEntertainment

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $1,383.13

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: $ $1,329.93

Credit Card Fee: $ $53.20

Total: $ $1,383.13