THE CIA
Cossio Insurance Agency

Insured by The CIA

3/3/2014

Company Name: **Big L's Paintball**
Contact Name: **Larry Smith**
Mailing Address: **133 Lemon Road, Ranson , WV 25438**
Location Address: **201 Motor Spot A Circle, Summit Point, WV, 25446**
Business Type: **Paintball Field**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
Paintball GL	**Quoted**	**$1,260.67**
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		**$1,510.67**

Rated Exposures

Number of Participants:	**1000**	Modes of Fire Covered:	**Full Auto**
Retail Sales Coverage:	**9000**	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	$465.17	$483.78	$490.17
Pay In Full	$1,510.67	$1,571.10	$1,535.67

DOCUMENTS REQUIRED PRIOR TO BINDING:

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

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: **Annual**

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.

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Accident Medical (Paintball)

Carrier: **United States Fire Insurance Company**
Policy Term: **Annual**

LIMITS

Maximum Medical Benefit per Claim	$50,000
Accidental Death/Dismemberment Benefit per Claim	$50,000
Acc Med Deductible per Claim	None
Dental Benefit	Included in Maximum Medical Benefit
Excess Coverage	

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.

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- 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.**

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- **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 $465.17 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.**
- **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, March 3, 2014

THE CIA
Cossio Insurance Agency

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

Customer: Big L's Paintball (34047)
Requested Effective: 3/4/2014

Total premium with taxes and fees: $1,510.67

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

Broker of Record: Cossio Insurance Agency

Down Payment Required is $465.17 *
*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 $1,045.50

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 ____

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:
- Accident Medical (Paintball)
- Paintball GL

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: Big L's Paintball

Policyholder Mailing Address: 133 Lemon Road,

City: Ranson State: WV Zip: 25438

Field Address: 201 Motor Spot A Circle

City: Summit Point State: WV Zip: 25446

Policyholder Contact Name: Larry Smith Policyholder Email Address: Biglls01@aol.com

Effective Date: 3/4/2014 Expiration Date: 3/4/2015

Covered Activity: Paintball

Plan of Benefits Per Quotation:

Accident Insurance – Maximum Medical Expense Benefit: $ 50000

☒ Excess Coverage ☐ Primary Coverage

Accident Insurance – Accidental Death & Dismemberment Benefit: $ 50000

Accident Insurance – Deductible: $ 0

Total Accident Premium: $ 250

Non-Refundable Fully Earned Minimum Premium at policy inception: $ 250

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: _____

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 #: 612259

Agent Email Address: alex@cossioinsurance.com Agent Phone #: 864-688-0121

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: Big L's Paintball (34047)

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ 483.78

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: $ 465.17

Credit Card Fee: $ 18.61

Total: $ 483.78

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)**	**$1,510.67**
B	**CASH DOWN PAYMENT**	**$465.17**
C	**PRINCIPAL BALANCE (A MINUS B)**	**$1,045.50**

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)
Big L's Paintball

133 Lemon Road

Ranson, WV 25438
(304)261-9840 FAX: (540)668-6771
bigls01@aol.com
34047

Commercial

Account #: _____

LOAN DISCLOSURE

Additional Policies Scheduled on Page 3

Quote Number: 2405028

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%	$17.40	$1,045.50	$1,062.90

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	
3	$354.30	Beginning:	MONTHLY 04/04/2014

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 computed by the actuarial method on a 360 day basis or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of $10.00. 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	03/04/2014	NEW HAMPSHIRE INSURANCE CO	GENERAL LIABILITY	25.00%	12	860.67

Broker Fee: $400.00

TOTAL: $1,510.67

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 _____

(10/11) 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**: 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 Lender cancels any insurance policy in accordance with the terms of this Agreement and applicable law, then the insured shall pay Lender a cancellation charge equal to $15.00 or the maximum amount permitted by law. 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. (Not applicable in KY, NV, and VT) **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 $20.00 or the maximum amount permitted by law. (Not applicable in AL and KY). **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. (Not applicable in KY) **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 (not applicable in KY). 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 Missouri 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) Big L's Paintball 133 Lemon Road Ranson, WV 25438 (304)261-9840 FAX: (540)668-6771 bigls01@aol.com 34047

Account #: _____

SCHEDULE OF POLICIES
(continued)

Quote Number: 2405028

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	03/04/2014	UNITED STATES FIRE INSURANCE CO FRANCIS L DEAN & ASSOCIATES, INC	ACCIDENT & HEALTH	100.0%	12	250.00
				Broker Fee:		$400.00
				TOTAL:		$1,510.67