INSURANCE BIND REQUEST

Monday, July 15, 2013

THE CIA
Cossio Insurance Agency

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

Customer: John Benedict (42428)
Requested Effective: 7/17/2013

Total premium with taxes and fees: $1,402.00

Broker of Record: Cossio Insurance Agency

Down Payment required is $1,402.00 *
*Amount is non-refundable once coverage begins
Taxes and fees are fully earned.

Payment Terms:
_X_ 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	JB
Workers Comp	JB
EPLI	JB
Flood	JB
Earthquake	JB
Commercial Auto	JB
Hired/Non-Owned Auto	JB
Umbrella	JB
Business Income	JB

I understand that:

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

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

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

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

Thank you

Signature of Insured _____

Printed Name John Benedict

Date: 07-17-2013 18:16:02 EST

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

EZ RENEWAL FOR PAINTBALL/AIRSOFT/LASERTAG

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DIRECTIONS:

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

Section 1: General Information

Customer ID: 42428	Company Name: Wolverine Paintball	
Business Name: Same		
Business Type: ☑ Paintball ☐ Airsoft ☐ Lasertag		
Mailing Address: 4867 Brookside Camp Rd.		
City: Hendersonville	State: NC	Zip: 28792
Field Address #1: Same		
City:	State:	Zip:
Field Address #2: None		
City:	State:	Zip:
Field Address #3: None		
City:	State:	Zip:
Field Address #4: None		
City:	State:	Zip:
Field Address #5: None		
City:	State:	Zip:

Section 2: ESTIMATED PLAYERS & ANNUAL RECEIPTS FROM PREVIOUS YEAR

Estimated Number of Annual Participant:	2000
Estimated Annual Gross Receipts from Admissions, Rentals, and Paintballs only:	65,000.00
Estimated Annual Gross Receipts from on site Pro Shop (upgrades, gloves, etc):	3.000.00
Estimated Annual Gross Receipts from concessions* (food, drinks, etc): *unless contracted out and contractor carries their own insurance	1,000.00
Estimated Total Annual Gross Receipts:	69.000.00

Section 3: ESTIMATED PLAYERS & ANNUAL RECEIPTS FOR UPCOMING YEAR

Estimated Number of Annual Participant:	2000+
Estimated Annual Gross Receipts from Admissions, Rentals, and Paintballs only:	70,000.00
Estimated Annual Gross Receipts from on site Pro Shop (upgrades, gloves, etc):	3,000.00
Estimated Annual Gross Receipts from concessions* (food, drinks, etc): *unless contracted out and contractor carries their own insurance	1.000.00
Estimated Total Annual Gross Receipts:	74,000.00

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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: Property Under New Ownership

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

At you pro shop do you repair or modify markers? ☐ Yes ☑ No

Are your planning on any off premise events in thenext 12 months? ☐ Yes ☑ No

Name (Individual completing this Application) John B. Benedict | Date: 7-15-13

☑ 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

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FRAUD STATEMENTS

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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: 7-15-13

SAVE APPLICATION

ENROLLMENT FORM FOR ACCIDENT INSURANCE

Policyholder Name: John Benedict

Policyholder Mailing Address: 7-15-13

City: Hendersonville State: NC Zip: 28792

Field Address: 487 Brookside Camp Road

City: Hendersonville State: NC Zip: 28792

Policyholder Contact Name: John Benedict Policyholder Email Address: wolverinepb@msn.com

Effective Date: 7/17/2013 Expiration Date: 7/17/2014

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: $

Total Accident Premium: $

General Liability Insurance – General Aggregate Limit: $2,000,000

General Liability Insurance – Each Occurrence Limit: $1,000,000

Overnight Campers: $

Number of Participants: $

New Business Surcharge: $

Retail Sales: $

Total General Liability Premium: $

Optional Coverage:	Limits:	Premium:
☐ Optional $5,000.00Medical Expenses Liability Limit:		$
☐ Optional Hired & Non-Owned Auto Liability Limit:	$	$
☐ Optional $1(John Benedict se & Molestation Limit:		$
☐ Optional Follow Form Excess Liability Limit:	$	07-17-2013 18:16:02 EST
☐ Optional $1,000,000.00 Director's & Officer's Liability Limit:		$

Grand Total Accident/Liability/Optional Coverage Premium: $

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

By signing below I understand and agree that (a) if this application is accepted by the Company, coverage will begin on the date of acceptance or on the effective date indicated above, whichever is later, subject to the payment of the required premium, it is also understood that no agent is authorized to accept risks or pass on insurability. Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits application or files claims containing false or deceptive statement may be guilty of insurance fraud and may be subject to civil fines and criminal punishment.

Acceptance of Terms above: Print Policyholder Name: John Benedict

Policyholder Signature: Title: Date:

Agency Name: Cossio Insurance Agency

Agent Mailing Address: PO Box 188 Simpsonville SC 29681

Agent Contact Name: Larry Cossio Agent License #:

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

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CREDIT CARD AUTHORIZATION

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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:

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $1,402.00

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: 7-15-13

Payment: $ $1,402.00

Credit Card Fee: $ $0.00

Total: $ $1,402.00

e-Signature

(Click to open the captured e-Signature in a browser.)

Signed: 07-17-2013 17:16:00 Eastern Standard Time (-5 GMT)
From IP address: 50.55.36.98

Full name:	John Benedict
Initials:	JB
Payment Method:	Check
Arrange Premium Financing For Me?	No

I decline coverage for (initial to decline):

Commercial Auto:	JB
Earthquake:	JB
EPLI:	JB
Flood:	JB
Hired / Non - Owned Auto:	JB
Property:	JB
Umbrella:	JB
Workers Comp:	JB
Business Income:	JB