THE CIA
Cossio Insurance Agency

Insured by The CIA

4/16/2013

Company Name: **Ganessa Edmonson dba Bouncer Zone Party Rentals**
Contact Name: **Ganessa Edmonson**
Mailing Address: **PO Box 1936, Visalia, CA 93279**
Business Type: **Party Equipment Rentals**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
General Liability (Rentals)	**Quoted**	**$1,200.00**
Abuse and Molestation	Not Quoted	
Umbrella	Not Quoted	
Property	Not Quoted	
Inland Marine	Not Quoted	
Workers Comp	Not Quoted	
Commercial Auto	Not Quoted	
EPLI	Not Quoted	
Flood	Not Quoted	
Earthquake	Not Quoted	
Hired/Non-Owned Auto	Not Quoted	
Business Income	Not Quoted	
Total		**$1,200.00**

Payment Options	Check	Credit Card	Wire Transfer
Pay In Full	$1,200.00	$1,248.00	$1,225.00

DOCUMENTS REQUIRED PRIOR TO BINDING:

1. **COMPLETED & SIGNED INSURANCE BIND REQUEST FORM (ATTACHED)**
2. **SIGNED & DATED FINANCE AGREEMENT (ATTACHED) IF YOU ARE NOT PAYING IN FULL.**
3. **SIGNED SPPLICATION AND FRAUD FORM (attached)**
4. **UPDATED RENTAL AGREEMENT SHOWING CORERECT NAME: Ganessa Edmonson dba Bouncer Zone Party Rentals**

Policy coverages, limits, exclusions are on following pages.

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

General Liability (Rentals)

Carrier: **NATIONWIDE MUTUAL INS. CO.**
Policy Term: **2013-2014**

LIMITS

Each Occurrence	$1,000,000
General Agg (Other than Products-Completed Ops)	$5,000,000
Products and Completed Operations Aggregate	$1,000,000
Personal and Advertising Injury	$1,000,000
Legal Liability to Participants	$1,000,000
Damages to Premises Rented to You	$300,000
Medical Expense (other than participants)	Excluded
Participant Accident - Excess Medical	$10,000
Professional Liability (for Event Planners)	$1,000,000

Notable Forms, including but not limited to:

- SRPG 115 – Commercial General Liability Broadening Endorsement
- SRPG26583 – Professional Liability Coverage- (For Event Planners)
- SRPG 43 – Earned premium – 25% or $750 whichever is greater.
- SRPG 26143 – Legal Liability to Participants.
- Amendment of Definition of Employee-names insured definition to be expanded to include the employees that they call subcontractors.
- IL0985 – Disclosure Pursuant to Terrorism Risk Ins. Act.
- CG2170 – Cap on Losses - Terrorism.

EXCLUSIONS

Exclusion - Coverage C -Medical Payments
Exclusion - Absolute Asbestos
Exclusion - Total Pollution Exclusion w/Hostile Fire Exception
Exclusion - Fireworks
Exclusion - Employment-Related Practices
Exclusion - Medical Payments
Exclusion - Nuclear Energy Liability
Exclusion - Fungi or Bacteria
Exclusion - Lead
Exclusion - Asbestos Liability
Exclusion - Abuse, Molestation, Harassment or Sexual Conduct
Exclusion - Hired/ Non-Owned Auto
Exclusion - Violation of Statutes

CONDITIONS

- **Quote is based on $10,000 Gross Sales**
- **All fees are fully earned upon binding.**
- **$1,200.00 is non-refundable once coverage begins**
- **Quote is valid for 30 days & subject to correction**
- **Blanket Additional Insured included**
- **Quote excludes abuse and molestation coverage. Coverage can be added for an additional premium and background checks on all employees are required.**
- **Our program will not offer coverage for Animals, Mechanical Bulls, Zip lines, Trampolines and Jacob Ladders. Please contact us before adding any new equipment or exposures.**
- **Higher limits are available**
- **Customer Pick ups and Overnight Rental are excluded.**

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QUOTE SUBJECT TO:
1. No previous claims or losses

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

Tuesday, April 16, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Ganessa Edmonson dba Bouncer Zone Party Rentals (54485)
Requested Effective: 4/26/2013

Total premium with taxes and fees: $1,200.00

Broker of Record: Cossio Insurance Agency

Down Payment Required is $1,200.00 *
*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)

I decline coverage for	Initials
Accident Medical (Rentals)	_____
Abuse and Molestation	_____
Umbrella	_____
Property	_____
Inland Marine	_____
Workers Comp	_____
Commercial Auto	_____
EPLI	_____
Flood	_____
Earthquake	_____
Hired/Non-Owned Auto	_____
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 ____

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

Thank you

Signature of Insured _____

Printed Name _____ Date: _____

Please bind coverage for:
- General Liability (Rentals)

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

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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: 54485

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $1,248.00

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: $ $1,200.00

Credit Card Fee: $ $48.00

Total: $ $1,248.00

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Section 4: CLAIMS INFORMATION (Continued)

Year	LIABILITY		AUTO		PROPERTY	
	# Claims	Total Amount	# Claims	Total Amount	# Claims	Total Amount

Section 5: WARRANTY

It is hereby understood and agreed that if insurance is issued by virtue of completing this application, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID.

Section 6: SIGNATURES

I understand that the insurance company, in deter mining 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.

Print Applicant Name:	Title:
Applicant's Signature:	Date:

Producer Name:	Date:
Producer's Signature:	

We must receive a copy of these documents with your application: (If applicable)

1. Loss Runs (5 years) 2. No loss letter if operating with no insurance
3. Copy of Rental Agreement / Waiver 4. Safety Rules
5. Picture of signage with hold harmless wording (Pay for Play Only)

PLEASE CONTINUE TO THE NEXT PAGE TO FILL OUT YOUR INVENTORY

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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:

SAVE APPLICATION