INSURANCE BIND REQUEST

Wednesday, March 20, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Bounce Orlando LLC (51104)
Requested Effective: 3/20/2013

Total premium with taxes and fees: $5,667.60

Broker of Record: Cossio Insurance Agency

Down Payment Required is $1,716.90 *
*Amount is non-refundable once coverage begins
Taxes and fees are fully earned.

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

Balance Due $3,950.70

I would like Cossio to set up financing through Premium for me:

☐Yes [X No

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

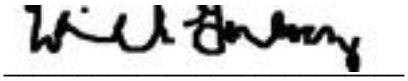
I understand that:

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

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

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

Thank you

Signature of Insured 

Printed Name William Garbacz 03-20-2013 12:28:08 EST

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

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: 51104

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $1,785.58

Credit card Number: 4246-3151-7935-2396 | Expiration Date: 01/15

Name on Card: William R Garbacz

Company Name :

Billing Zip code/House number: 32828 / 1722 Anna Catherine Driv

Phone Number: (407) 277-2288

The Three Digit from the back of card: 344

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: $ $1,716.90

Credit Card Fee: $ $68.68

Total: $ $1,785.58

03-20-2013 12:28:08 EST

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)**	**$5,667.60**
B	**CASH DOWN PAYMENT**	**$1,716.90**
C	**PRINCIPAL BALANCE (A MINUS B)**	**$3,950.70**
D	**DOC STAMP**	**$14.00**

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)
Bounce Orlando LLC

1722 AnnA Catherien Drive

Orlando, FL 32828

info@bounceorlando.com

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 1508913

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%	$166.21	$3,964.70	$4,130.91

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	**Amount Of Payments**	**When Payments Are Due**	
9	$458.99	**Beginning:**	MONTHLY 04/20/2013

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 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 in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of $20.00. 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	03/20/2013	NATIONWIDE MUTUAL INSURANCE CO K&K INSURANCE GROUP, INC.	GENERAL LIABILITY	0.000%	12	5,267.60

Broker Fee: $400.00

TOTAL: $5,667.60

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. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than $1.00.

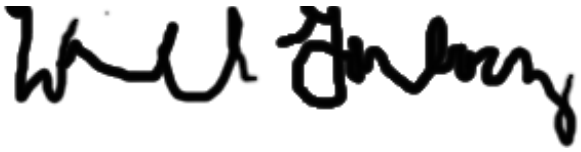
NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance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

(11/11) Copyright 2011 IPFS Corporation

e-Signature



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

Signed: 03-20-2013 12:28:00 Eastern Standard Time (-5 GMT)
From IP address: 172.24.1.20

Full name:	William Garbacz
Initials:	WG
Payment Method:	Credit Card Type: Visa (Last 4 Numbers: 2396) Expires: 01/15 CCV: 344 Name on card: William R Garbacz Billing address: 1722 Anna Catherine Drive, Orlando FL 32828 Billing zipcode: 32828 Billing phone: (407) 277-2288
Arrange Premium Financing For Me?	No

I decline coverage for (initial to decline):

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