Insured by The CIA

4/29/2013

Company Name: **Aaron Wilkerson dba Jump Around Moon Bounce**
Contact Name: **Aaron Wilkerson**
Mailing Address: **535 Lincoln Avenue, Pottstown, PA 19464**
Location Address: **535 Lincoln Avenue, Pottstown, PA, 19464**
Business Type: **Party Equipment Rentals**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
General Liability (Rentals)	**Quoted**	**$1,150.00**
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		**$1,150.00**

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$1,150.00	$1,196.00	$1,175.00
Pay In Full	$1,150.00	$1,196.00	$1,175.00

DOCUMENTS REQUIRED PRIOR TO BINDING:

1. **COMPLETED & SIGNED INSURANCE BIND REQUEST FORM (ATTACHED)**

Policy coverage's, 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 $12,500 Gross Sales**
- **All fees are fully earned upon binding.**
- **Fully earned at inception**
- **$1,150.00 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**

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- **Customer Pick-ups and are excluded.**

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

Monday, April 29, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Aaron Wilkerson dba Jump Around Moon Bounce (54670)
Requested Effective: 4/29/2013

Total premium with taxes and fees: $1,150.00

Broker of Record: Cossio Insurance Agency

Down Payment Required is $1,150.00 *
*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 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 ____

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

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

Thank you

Signature of Insured X_____

Printed Name X_____ 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

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: 54670

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $1,196.00

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: $ $1,150.00

Credit Card Fee: $ $46.00

Total: $ $1,196.00