INSURANCE BIND REQUEST

Thursday, November 07, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Tarra Matos & Donny Silva Matos DBA Itz My Party (27568)
Requested Effective: 11/23/2013

Total premium with taxes and fees: $3,400.00

Broker of Record: Cossio Insurance Agency

Down Payment Required is $1,337.50 *
*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 $2,062.50

I would like Cossio to set up financing through Premium for me:
☐ Yes ☐ No

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

I understand that:
1. All fees are fully earned upon binding. *Minimum earned premium applies. Initial TLM
2. Requests for Additional Insured's or special wording may be subject to a fee determined by your insurance carrier. Initial TLM
3. The premium quoted above includes a $400.00 broker fee which is not refundable and is fully earned upon binding. Initial TLM

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

Thank you

Signature of Insured X_____

Printed Name X Tarra Lee Matos

Date: 11-14-2013 23:23:48 EST

Please bind coverage for:
- General Liability (Rentals)
- Accident Medical (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

Special Risk Enrollment Form
Participant Accident Insurance and General Liability Insurance

1. Name of Policyholder: Tarra Matos & Donny Silva Matos DBA Itz My Party

2. Nature of Business: Party Equipment Rentals

3. Mailing Address: 155 Miller Street; Middleboro, MA 02346

4. Physical Address: 35 Main St; Taunton, MA 02780

5. Effective Date of Coverage: _____ (mm/dd/yy)

6. Termination Date of Coverage: _____ (mm/dd/yy)

7. Period of Coverage: 52 Weeks

8. Covered Activity: Party Equipment Rentals

9. Plan of Benefits:

Maximum Medical Benefit per Claim	$10,000
Accidental Death/Dismemberment Benefit per Claim	$10,000
Deductible	None
Liability Coverage: General Aggregate:	$2,000,000
Liability Coverage: Each Occurrence:	$1,000,000

10. Plan Types:

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 date requested in Question [5] above, whichever is later, subject to the payment of the required premium, and (b) no contribution to the premium will be made by an insured person. Premium computation is subject to audit. It is also understood that no agent is authorized to accept risks or pass on insurability.

Payment Information:

Check	Make Check payable to Cossio Insurance Agency
Credit Card	Please complete the attached credit card authorization form

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files claims containing false or deceptive statement may be guilty of insurance fraud.

Policyholder Signature: _____ 11-14-2013 23:23:48 EST

Tarra Lee Matos

Name _____ Title of Group Official _____ Phone _____

For Agency Use Only

Premium Computation:

Classification of Insured Persons	Number Eligible		Rate	Total Rate
– Accident Medical		X		
– General Liability		X		
		X		
	Total Premium Due Company =		$	

Agent Name and Address: PO Box 188 Simpsonville, SC 29681

Agent License No: _____ Agent Signature _____ Date _____

ANL-SR02 App

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)**	**$3,150.00**
B	**CASH DOWN PAYMENT**	**$1,087.50**
C	**PRINCIPAL BALANCE (A MINUS B)**	**$2,062.50**

AGENT
(Name & Place of business)
COSSIO INSURANCE AGENCY

107 OLD LAURENS RD.

SIMPSONVILLE,SC 29681
(864)688-0121 FAX: (864)688-0138

INSURED
(Name & Residence or business)
Tarra Matos & Donny Silva Matos DBA
Tarra Matos
155 Miller Street

Middleboro, MA 02346
(508)821-4747

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 2085300

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%	$86.43	$2,062.50	$2,148.93

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	
9	$238.77	Beginning:	MONTHLY 12/23/2013

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 10 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 $16.00. 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
TBD (34136)	11/23/2013	UNITED STATES FIRE INSURANCE CO FRANCIS L DEAN & ASSOCIATES OF FL	GENERAL LIABILITY	25.00%	12	2,750.00
					Broker Fee:	$400.00
					TOTAL:	$3,150.00

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.

11-14-2013 23:23:48 EST

Signature of Insured or Authorized Agent | DATE | Signature of Agent | DATE

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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: 27568

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ 1,391.00

Credit card Number:	Expiration Date:

Name on Card:

Company Name : Tarra Matos & Donny Silva Matos DBA Itz My Party

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: $ 1,337.50

Credit Card Fee: $ 53.50

Total: $ 1,391.00

e-Signature

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

Signed: 11-14-2013 22:23:45 Eastern Standard Time (-5 GMT)
From IP address: 173.76.240.248

Full name:	Tarra Lee Matos
Initials:	TLM
Payment Method:	Check
Arrange Premium Financing For Me?	Yes

I decline coverage for (initial to decline):

Commercial Auto:	TLM
Earthquake:	TLM
EPLI:	TLM
Flood:	TLM
Hired / Non - Owned Auto:	TLM
Inland Marine:	TLM
Property:	TLM
Umbrella:	TLM
Workers Comp:	TLM
Business Income:	TLM
Abuse and Molestation:	TLM