THE CIA
Cossio Insurance Agency

Insured by The CIA

1/15/2014

Company Name: **Party Professionals LLC**
Contact Name: **Alan Sachs**
Mailing Address: **P.O. Box 415, St. James, MO 65959**
Business Type: **Party Equipment Rentals**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
General Liability (Rentals)	**Quoted**	**$4,900.00**
Accident Medical (Rentals)	**Quoted**	**$250.00**
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		**$5,150.00**

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$1,775.00	$1,846.00	$1,800.00
Pay In Full	$5,150.00	N/A	$5,175.00

THE FOLLOWING FORMS MUST BE RECEIVED WITH YOUR PAYMENT IN ORDER TO BIND:

1. **COMPLETED & SIGNED INSURANCE BIND REQUEST FORM (ATTACHED)**
2. **SIGNED & DATED FINANCE AGREEMENT (WILL PROVIDE) IF YOU ARE NOT PAYING IN FULL.**
3. **SIGNED & DATED SPECIAL RISK ENROLLMENT FORM (ATTACHED)**
4. **SIGNED & DATED APPLICATION (ATTACHED)**

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: **United States Fire Insurance Company**
Policy Term: **Annual**

LIMITS

Per Occurrence	$1,000,000
General Aggregate	$2,000,000
Products/Completed Operations	$2,000,000
Personal and Advertising Injury	$1,000,000
Fire Legal Liability	$300,000
Medical Expenses	$5,000
Deductible	none

EXCLUSIONS

War
Terrorism
Expected or Intended Injury
Sexual Abuse/Molestation
Asbestos
Nuclear Energy
Total Pollution
Fungi or Bacteria
Aircraft or Watercraft
Pyrotechnics
Employment-Related Practices
Lead Liability
Use of Trampolines
Sale/Manufacture/Distribution of Athletic Equipment
Use of Saunas or Tanning Devices
Downhill Snow Skiing
Whitewater Rafting
Bungee Jumping
Mountain Climbing
Rock Climbing
Ballooning
Parachute Jumping
Luge
Tobogganing
All Motor Sports
Violation of Telephone Consumer Protection Act or CAN-SPAM Act
Communicable Disease (Hepatitis, TSE, HIV, HTLV, or AIDS)

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Accident Medical (Rentals)

Carrier: **United States Fire Insurance Company**
Policy Term: **Annual**

LIMITS

Maximum Medical Benefit per Claim	$10,000
Accidental Death/Dismemberment Benefit per Claim	$10,000
Dental Benefit	Included
Deductible	$0

EXCLUSIONS

Intentional self-inflicted injury while sane or insane.
Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.)
Commission or attempt to commit a felony.
Participation in a riot or insurrection.
Driving under the influence of a controlled substance unless administered on the advice of a doctor.
Driving while Intoxicated. “Intoxicated” will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
Declared or undeclared war or act of war.
An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.)
Aviation, except as specifically provided in the policy.
Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and the loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy and the Covered Person was within a 25-mile radius of the site of the release either at the time of the release or within 24 hours of the start of the release.
Normal health checkups
Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident.
Services or treatment rendered by a doctor, nurse or any other person who is employed or retained by the insured or
the insured or a member of his immediate family.
Charges which the Covered Person would not have to pay if he did not have insurance; or are in excess of Usual, Reasonable and Customary charges.
An Injury that is caused by flight in an aircraft, except as a fare-paying passenger, a space craft or any craft designed for navigation above or beyond the earth's atmosphere or an ultra light, hang-gliding, parachuting or bungi-cord jumping.
Travel in or upon a snowmobile, any two or three wheeled motor vehicle, any off-road motorized vehicle not requiring licensing as a motor vehicle.
That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited).

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Injury that is the result of the Covered Person being Intoxicated. (“Intoxicated” will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs) or caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor.
Any Sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food
Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Policy.
Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood.
Elective treatment or surgery, health treatment, or examination where no Injury is involved.
Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request.
Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy.
Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body.
Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws.
The repair or replacement of any artificial dental restoration.
Rest cures or custodial care.
The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges.
Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits.
Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports.
Services and supplies furnished by the Policyholder’s infirmary, its employees, or doctors who work for the Policyholder.
Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.
Prescription medicines unless specifically provided for under this policy or certificate.

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CONDITIONS

- **All fees are fully earned upon binding.**
- **Minimum earned premium applies.**
- **Quote is valid for 30 days & subject to correction**
- **Blanket Additional Insured included**
- **Quote is based on information you listed on your application**
- **Quote is based on $80,000 Gross Sales**
- **Higher limits are available**
- **Hired and Non-Owned Auto available/Not included in this quote**
- **Inclusions/Program Highlights:**
- **Occurrence Form**
- **Coverage issued through the Sports & Recreation Providers Assn. Purchasing Group**
- **Abuse/Molestation Sublimit Option (not included)**
- **Coverage for claims of Abuse/Molestation with limit of $100,000 per Occurrence/$100,000 Aggregate can be added for additional premium of $1,000.00 (fully earned at inception).**

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

Wednesday, January 15, 2014

THE CIA
Cossio Insurance Agency

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

Customer: Party Professionals LLC (2579)
Requested Effective: 3/23/2014

Total premium with taxes and fees: $5,150.00

Broker of Record: Cossio Insurance Agency

Down Payment Required is $1,775.00 *
*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)

Balance Due $3,375.00

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

☐Yes ☐ No

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	_____

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 ____

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

INFLATABLE OPERATORS APPLICATION

Cossio Insurance Agency **864-688-0121** **Fax: 864-688-0138** **PO Box 188 Simpsonville SC 29681**

AGENCY INFORMATION

Agency Name:	
Contact Name:	E-Mail:

POLICY RECOMMENDATIONS (Please check any you are interested in)

☐ General Liability	☐ Accident Medical	☐ Earthquake
☐ Inland Marine	☐ Workers Compensation	☐ Commercial Auto
☐ EPLI	☐ Flood	☐ Hired Non-Owned Auto
☐ Umbrella	☐ Abuse / Molestation	

Section 1: GENERAL INFORMATION

Corporate Name:	Party Professionals LLC	Effective Date:	3/23/2014
Trade Name:		FEIN or SSN#:	4-2025857
Contact Name:	Alan Sachs	Date of Birth:	
Entity Type:	LLC	Phone Number: (800) 642-3254	Fax:
Website:	http://www.histriker.com	E-Mail:	support@histriker.com
Mailing Address:	P.O. Box 415		
City:	St. James	State: MO	Zip Code: 65959
Location/storage Address:	11 Indsutrial Drive		
City:		State: MO	Zip Code: 65550
Years of Management Experience?	42	Years in business?	19

Section 2: DESCRIPTION OF OPERATIONS

TYPE OF OPERATION	ANNUAL RECEIPTS
☑ Rental With Operators	$ 80000
☑ Rental Without Operators	$

Pay for Play? ☐ Yes ☑ No Do you have signage up? ☐ Yes ☑ No

Describe/List specialized training or memberships:

Are written Instructions, procedures & training provided for operators?: ☐ Yes ☐ No

Are there written Customer Training procedures? (please attach): ☑ Yes ☐ No

How many attendants/operators accompany each piece of equipment at the rental site? 1-2

Is equipment ever left overnight? ☑ Yes ☐ No If yes, please explain below:

Is equipment ever left unattended while set up at an event? ☐ Yes ☑ No If yes, please explain below:

Are there Age/Height/Weight Limitations for Users on all Devices: ☑ Yes ☐ No

If Yes, are they clearly displayed – sewn into or silkscreened on all devices? ☑ Yes ☐ No

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Section 2: DESCRIPTION OF OPERATIONS (Continued)

Are the inflatables set up on flat surface & properly grounded	☑ Yes	☐ No
Do you prohibit the use by adults (>15 yrs old) & children at the same time	☑ Yes	☐ No
Do you have Watchdog Siren Warning Devices? If Yes, how many:	☐ Yes	☑ No
Are Release of Liability Forms signed by renters of the equipment?	☑ Yes	☐ No
Do you maintain & operate equipment in accordance with manufacturer's instructions?	☑ Yes	☐ No
How often is equipment inspected for damages/safety? When they come in and go out		
Is there a scheduled maintenance plan?	☑ Yes	☐ No
Is there Customer Pick Up?	☑ Yes	☐ No
Do you want property coverage for your inventory?	☐ Yes	☑ No
Are you a dealer or distributor of new or used inflatables, rides or equipment?	☐ Yes	☑ No
If yes, please advise	☐ New ☐ Used ☐ New & Used	
Estimated annual sales of inflatables, rides or equipment:		
Do you subcontract equipment from other rental companies?	☐ Yes	☑ No

Section 3: POLICY INFORMATION

COVERAGE	INSURANCE COMPAN	POL DATE	LIMITS	PREMIUM	
General Liability					Sales on Pol: $ Deductible: $
Automobile					Travel Radius: # Trucks: # Vans: # Priv. Pass: # Trailer:
Property					Office Payroll: $ Bldg.Value: $ Contents: $ Bus.Income: $ Prop.off Prem: $
Umbrella					

Section 4: CLAIMS INFORMATION*

Indicate below, the # of Claims and Annual Amount Incurred in the last three years:

	LIABILITY		AUTO		PROPERTY	
Year	# Claims	Tot.Amt.	# Claims	Tot.Amt.	# Claims	Tot.Amt.
2014	0	0	0	0	0	0
2013	0	0	0	0	0	0
2012	0	0	0	0	0	0
2011	0	0	0	0	0	0

INFLATABLE OPERATORS APPLICATION

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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 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.

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

CHECKLIST REQUIREMENTS

- ☐ Completed Application with all Questions Answered
- ☐ Loss Runs (3 years)
- ☐ No loss letter if operating with no insurance
- ☐ Copy of rental agreement or waiver
- ☐ Picture of signage if they do pay for play
- ☐ Safety Rules

INFLATABLE OPERATORS APPLICATION

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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:

Special Risk Enrollment Form
Participant Accident Insurance
General Liability Insurance

1. Name of Policyholder Party Professionals LLC

2. Nature of Business amusement rentals

3. Address P.O.Box 415 (Street) St. James (City) MO (State) 65959 (Zip)

4. Effective Date of Coverage 3/23/14

5. Termination Date of Coverage 3/23/15

6. Period of Coverage annual

7. Covered Activity amusement rentals

8. Plan of Benefits:

Maximum Medical Expense Benefit – Per Person:		$ 10,000
Accidental Death & Dismemberment Benefit Principal Sum:		$ 10,000
Deductible Amount: $ 0 Per Injury		
Optional Preexisting Injury Endorsement	☐ Yes ☒ No	
Optional Sickness Expense Benefit	☐ Yes ☒ No	
Optional Heart/Circulatory Endorsement	☐ Yes ☒ No	
Liability Coverage: General Aggregate:		$ 2,000,000
Liability Coverage: Each Occurrence:		$ 1,000,000
Optional Sexual Abuse/Molestation Coverage	☐ Yes ☒ No	
Optional Non-Owned Automobile Liability	☐ Yes ☒ No	

9. Accident Policy Plan Type: (check one) ☒ Excess Coverage ☐ Primary Coverage

10. Premium Computation:

Classification of Insured Persons	Number Eligible		Rate		Total Rate
n/a		x	$	=	

(OR)

Per Quotation (Attach Quotation for Reference)
Total Premium Due Company = $_____

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 [4] 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.

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:

X _____ / X _____ / X _____

Name / Title of Group Official / Phone

Agent Name and Address:_____

_____ / _____ / _____

Agent License No. / Agents Signature / Date

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: 2579

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $1,846.00

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: $ $1,775.00

Credit Card Fee: $ $71.00

Total: $ $1,846.00