THE CIA
Cossio Insurance Agency

Insured by The CIA

3/11/2013

Company Name: **Valerie Edwards dba Kids World Productions**
Contact Name: **Valerie Edwards**
Mailing Address: **8215 Sawyer Mill Cove, Arlington, TN 38002**
Location Address: **8215 Sawyer Mill Cove, Arlington, TN, 38002**
Business Type: **Party Equipment Rentals**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
General Liability (Rentals)	**Quoted**	**$1,600.00**
Abuse and Molestation	Not Quoted	
Umbrella	Not Quoted	
Property	Not Quoted	
Inland Marine	**Quoted**	**$300.00**
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		**$1,900.00**

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$1,900.00	$1,976.00	$1,925.00
Pay In Full	$1,900.00	$1,976.00	$1,925.00

DOCUMENTS REQUIRED PRIOR TO BINDING:

1. **COMPLETED & SIGNED INSURANCE BIND REQUEST FORM (ATTACHED)**
2. **NEWLY SIGNED & DATED APPLICATION (ATTACHED)**
3. **NEWLY SIGNED NO LOSS LETTER (ATTACHED)**
4. **CONFIRMATION OF LEGAL ENTITY, CORP OR INDIVIDUAL.**

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

Commercial GL Limit	
Each Occurrence	$1,000,000
General Aggregate	$5,000,000
Products and Completed Operations Aggregate	$1,000,000
Personal & Advertising Injury	$1,000,000
Damage to Rented Premises	$300,000
Legal Liability to Participants	$1,000,000
Medical Expense (other than participants)	Excluded
Participant Accident - Excess Medical	$10,000

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
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
Exclusion - Described Hazards (Carnivals, Circuses, Fairs)

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Inland Marine

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

LIMITS

Business Personal Property limit	$30,373
Business Income With Extra Expense	$10,000
Terrorism	Included
Property Off-Premises	Included in Business Personal Property Limit
Outside the Premises	Included
Computer Coverage	Included in Business Personal Property Limit
Water-Sewer-Drains	$25,000
Money & Securities - Theft Inside	$5,000
Money & Securities - Robbery or Safe Burglary	Included
Outdoor Property ($250/tree, etc.)	Included in Business Personal Property Limit
Building Glass ($250 Deductible)	Included in Business Personal Property Limit
Tenant Improvements & Betterments	Excluded
Coinsurance	80%
Deductible	$500
Valuation	Replacement Cost
Crime	
Sign Coverage	Excluded
Property of Others	Included in Business Personal Property Limit
Equipment Breakdown	Included in Business Personal Property Limit
Accounts Receivable	$10,000
Fine Arts	Included in Business Personal Property Limit
Valuable Papers	$10,000

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EXCLUSIONS

Earthquake
Flood

CONDITIONS

- **Quote is based on $20,000 Gross Sales**
- **All fees are fully earned upon binding.**
- **$1,900.00 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.**

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, March 11, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Valerie Edwards dba Kids World Productions (52746)
Requested Effective: 4/21/2013

Total premium with taxes and fees: $1,900.00

Broker of Record: Cossio Insurance Agency

Down Payment Required is $1,900.00 *
*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
	_____
Abuse and Molestation	_____
Umbrella	_____
Property	_____
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)
- Inland Marine

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

Valerie Edwards dba
Kids World Production
8215 Sawyer Mill Cove
Arlington, TN 38002

To Whom It May Concern;

Valerie Edwards dba Kids World Production has no known past or impending complaints, claims or losses, to current date. We have not had any prior insurance in effect.

Signature:

Date:

THE CIA
COSSIO INSURANCE AGENCY

INFLATABLE OPERATORS APPLICATION

PO Box 188
Simpsonville, SC 29681
Phone: (864) 688-0121
Fax: (864) 688-0138
www.cossioinsurance.com

Corporate Name: VALERIE EDWARDS
Trade Name: KIDS WORLD PRODUCTION
Entity Type: SOLE PROPRIETOR
Contact Person: VALERIE EDWARDS DOB: 11/21/1967
Mailing Address: 8215 SAWYER MILL COVE City: ARLINGTON
State: TENNESSEE Zip: 38002

Effective Date: 10/12/2012
FEIN & SS#: 415134209
Years in Business: 5
Phone Number: 901-628-6052
Fax Number: 901-417-6200
Website: www.facebook.com/kidzwp
E-mail: KWPSALES@BELLSOUTH.NET

Location Address: SAME City: _____
State: _____ Zip: _____

How many years of management experience do you have? 5

DESCRIPTION OF OPERATIONS

TYPE OF OPERATION	ANNUAL RECEIPTS
☑ Rental with Operators	$10,000
☑ Rental without Operators	$10,000

Pay for Play? ☐ Yes ☑ No If so do you have signage up? ☐ Yes ☐ No

Describe/ List specialized training or memberships: _____

Are written instructions, procedures, and training provided for employees NO EMPLOYEES 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? Depends on Event
Is equipment ever left overnight? Yes ☑ No ☐ If yes, please explain: _____
ONLY FOR EVENTS THAT ARE SCHEDULE AS A TWO DAY EVENT WITH PROVIDED OVERNIGHT SECURITY

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 ☐
Are the inflatables set up on a flat surface and properly grounded? Yes ☑ No ☐
Do you prohibit the use by adults (over 15 yrs old) & children at the same time? Yes ☑ No ☐
Do you have Watchdog Siren Warning devices? Yes ☐ No ☑
If yes, how many? _____
Are Release of Liability forms signed by renters of the equipment? (Rental Agreement) Yes ☑ No ☐
Do you maintain & operate equipment in accordance with manufacturer's instructions? Yes ☑ No ☐
How often is equipment inspected for damages/safety? TWO DAYS BEFORE RENTAL
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 ☐

Required Attachments

- Rental Agreement
- Training Procedures

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INSURED: KIDS WORLD PRODUCTION

	Item - Name/Description	Age	Manufacturer	Serial Number	Dimensions	Height and Weight Restrictions	Value	Protective Gear Required
1.	Bounce Houses (Moonwalks)	3 yrs	BOUNCING SOULS	KWP0001	15 X 15	1000 LBS MAX	1500	N
2.	Bounce Houses (Moonwalks)	5 yrs	TYPEC	KWP0002	15 X 15	1000 LBS MAX	1500	N
3.	Bounce Houses (Moonwalks)	8 Months	JUMPBALLOONS	KWP0003	15 X 15	1000 LBS MAX	1600	N
4.	Water Slide - Inflatable	8 Months	JUMPBALLOONS	KWP0004	20X14X 33	250 LBS MAX	2330	N
5.	Water Slide - Inflatable	3 yrs	BOUNCING SOULS	KWP0005	18 X12 X 35	250 LBS MAX	2500	N
6.	Water Slide - Inflatable	1 yr	EBOUNCERS	KWP0006	20 X 15X 35	250 LBS MAX	3658	N
7.	Tents (Air Inflatable)	8 Months	JUMPBALLOONS	KWP0007	15 X 30		1180	N
8.	Tents (Air Inflatable)	8 Months	JUMPBALLOONS	KWP0008	13 X 14 X 30		1480	N
9.	Tents (Air Inflatable)	8 Months	JUMPBALLOONS	KWP0009	15 X 15 X 13		500	N
10.	Interactive Chance Games/Carnival Games	8 Months	JUMPBALLOONS	KWP0010	23 X 13 X 16' 4"		1250	N
11.	Interactive Chance Games/Carnival Games	8 Months	JUMPBALLOONS	KWP0011	18' X 12' 5" X 12		850	N
12.	Interactive Chance Games/Carnival Games	8 Months	JUMPBALLOONS	KWP0012	18 X 10 X 30		1610	N
13.	Interactive Chance Games/Carnival Games	1 yr	KIDWISE	KWP0016	9.8 x 8.2 x 8.2		200	N
14.	Interactive Chance Games/Carnival Games	1 yr	BOUNCE ORLANDO	KWP0015	12 X 12		745	N
15.	Interactive Chance Games/Carnival Games	1 yr	EBOUNCER	KWP000113	12 X 12		895	N
16.	TRACKLESS TRAIN RIDE	2 yrs	BOBBY'S TRAIN	KWPTRN001			6575	N
17.	2 GENERATORS	1 yr	HOME DEPOT	KWP0014/17			2000	N
						Total Value of All Equipment:	30373	

Note: following activities require prior approval by the insurance company:

- **Slides with height exceeding 25 feet** (specify that the height is to the platform where they stand)
- **Ropes course**

SUBMIT

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INFLATABLE OPERATORS APPLICATION

POLICY INFORMATION

Please complete all the items below:

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

CLAIMS INFORMATION*

Indicate below, the **Average number of Claims and Annual Amount** Incurred in the last three years:

Year	LIABILITY		AUTO		PROPERTY	
	# Claims	**Total Amount**	**# Claims**	**Total Amount**	**# Claims**	**Total Amount**
20121						
20121						
20121						
20121						

***Note: Please forward current loss runs from your carrier, along with this application.**

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.

Print Applicant Name: VALERIE EDWARDS Title: OWNER

Applicant's Signature: Valerie Edwards Date: 10/04/2012

Producer Name: _____ Date: _____

Producer's Signature: _____

THE CIA
COSSIO INSURANCE AGENCY

INSURED BY THE CIA

PO Box 188
Simpsonville, SC 29681
(864) 688 - 0121
(864) 688 - 0138 fax

Customer ID Number : 52746

CREDIT CARD AUTHORIZATION

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.

Billing Information:

Check one: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Authorized Dollar Amount to be charged: $ $1,976.00
Credit card Number:_____ Exp Date: _____
Name on Card:_____
Billing Zip code/House number:_____
Telephone Number:_____
The Three Digit from the back of card: _____

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 $	$1,900.00
Credit Card Fee $	$76.00
Total $	$1,976.00