THE CIA
Cossio Insurance Agency

Insured by The CIA

8/14/2014

Company Name: **Adrenaline Force Amusements, LLC**
Contact Name: **Laura Martin**
Mailing Address: **4124 Bishop Lane, Ste 103, Louisville, KY 40218**
Business Type: **Party Equipment Rentals**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
General Liability (Rentals)	**Quoted**	**$6,400.00**
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	
Cyber Liability	Not Quoted	
Total		**$6,650.00**

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$2,750.00	$2,860.00	$2,775.00
Pay In Full	$6,650.00	N/A	$6,675.00

DOCUMENTS REQUIRED PRIOR TO BINDING:

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

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

Each Occurrence	$1,000,000
General Aggregate	$2,000,000
Products/Completed Operations	$2,000,000
Personal & Advertising Injury	$1,000,000
Fire Damage	$300,000
Medical Expenses	$5,000
Deductible	$0.

EXCLUSIONS

War
Terrorism
Exclusion - 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)
Mechanical Bull

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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
Deductible	None

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).
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.

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 $70,000 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).**
- **PLEASE NOTE: All required documents and information must be received in order to bind coverage. If all completed documents or information have not been submitted , all checks and other forms of payment will be returned to you within 24 hours of receipt in our office. PLEASE REFER TO THE QUOTE LETTER FOR A COMPLETE LIST OF ALL NECESSARY DOCUMENTS NEEDED TO SECURE COVERAGE.**

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

Thursday, August 14, 2014

Customer: Adrenaline Force Amusements, LLC (4530)
Requested Effective: 8/16/2014
Broker of Record: Cossio Insurance Agency

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Cossio Insurance Agency
Phone: 864-688-0121
Fax: 864-688-0138

Total premium with taxes and fees = $6,650.00 **Down Payment Required is $2,750.00**
Amount is non-refundable once coverage begins. Taxes and fees are fully earned. If we do not receive all requested documents we cannot bind coverages.

Payment Terms: (Check One) ☐ PayPal (4% processing fee will be added) Pay now with PayPal

☐ Check ☐ Credit Card (4% processing fee will be added) ☐ Wire Transfer ($25 will be added for processing fee)

Balance Due = $3,900.00 I would like Cossio to set up **financing** for me: ☐ Yes ☐ No

I understand that:	
Initial:	**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.

I understand that this quote does not include the following recommended coverages:			
Please initial next to each coverage in the box to the left:			
Initial	Abuse and Molestation	Initial	Umbrella
Initial	Property	Initial	Inland Marine
Initial	Workers Comp	Initial	Commercial Auto
Initial	EPLI	Initial	Flood
Initial	Earthquake	Initial	Hired/Non-Owned Auto
Initial	Business Income	Initial	Cyber Liability

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

Signature of Insured X _____

Printed Name _____ Date: _____

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

General Mailing Address: P.O. Box 188 Simpsonville, SC 29681

Wire Transfer: South Carolina Bank and Trust, NA, P.O. Box 1287, Orangeburg SC 29116
Street Address: 1006 East Butler Road, Greenville, SC 29607 Phone: 800-277-2175 Account #: 1502681 Routing #: 053200983

UPS/FedEx Mailing Address: 107 Old Laurens Rd, Simpsonville, SC 29681

Special Risk Enrollment Form
Participant Accident Insurance
General Liability Insurance

1. Name of Policyholder Adrenaline Force Amusements LLC

2. Nature of Business Amusement Rentals

3. Address 4124 Bishop Lane, Ste 103 Louisville KY 40218
   Street City State Zip

4. Effective Date of Coverage _____ _____

5. Termination Date of Coverage _____ _____

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
_____	_____	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

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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: 4530

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $2,860.00

Credit card Number:	Expiration Date:

Name on Card:

Company Name : Adrenaline Force Amusements, LLC

Billing Zip code/House number: 40218

Phone Number: 5026378669

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: $ $2,750.00

Credit Card Fee: $ $110.00

Total: $ $2,860.00

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CREDIT CARD AUTHORIZATION

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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: 4530

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $2,860.00

Credit card Number:	Expiration Date:

Name on Card:

Company Name : Adrenaline Force Amusements, LLC

Billing Zip code/House number: 40218

Phone Number: 5026378669

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: $ $2,750.00

Credit Card Fee: $ $110.00

Total: $ $2,860.00