Insured by The CIA

6/13/2013

Attn: Jared Williams
Re: Insurance Quotation for Charleston Mixed Martial Arts LLC

Dear Jared

Cossio Insurance Agency would like to provide our insurance services for your business. We pride ourselves in our customer service and ability to provide coverage that other agencies cannot. We always try to find solutions instead of saying we cannot. This is a standard policy that runs for 12 months.

General Liability

Total premium for the General Liability, including all taxes and fees is $752.00 *. This is quoted through United States Fire Insurance Company to the following limits:

LIMITS

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

EXCLUSIONS

Expected or Intended Injury, Contractual Liability, Liquor Liability, Workers Compensation and Similar Laws, Employers Liability, Pollution, Aircraft, Auto or Watercraft, Mobile Equipment, War, Damage to Property Damage to your Product, Damage to your Work, Damage to impaired property or property not physically injured, Recall of Products, Work or Impaired Property, Personal and Advertising Injury, Electronic Data Knowing violation of rights of another, Material published with knowledge of falsity, Material published prior to policy period, Criminal acts, Breach of contract, Wrong description of prices, Quality or performance of goods, failure to conform to standards, Infringement of copyright, patent, trademark or trade secret Insured's in Media and internet type businesses, Electronic chat rooms or bulletin boards, Unauthorized use of another's name or product

Accident Medical

Total premium for the Accident Medical, including all taxes and fees is $271.40 *. This is quoted through United States Fire Insurance Company to the following limits:

LIMITS

Maximum Medical Benefit per Claim	$100,000
Accidental Death/Dismemberment Benefit per Claim	$50,000
Deductible	$250

EXCLUSIONS

Sickness or disease in any form, except pyogenic infections due to an accident cut or wound
The use of drugs or narcotics, unless administered under the advice of a physician
War or any act of war, whether or not declared.
Participation in any riot or civil commotion.
Air travel or the use of any device or equipment for aerial navigation.
Except as fare-paying passenger on a regularly scheduled commercial airline
Suicide or any attempt threat or any self-inflicted injury.
Medical service provided by any person or facility employed by the policyholder.
Medical service provided by any member of the Insured Person's family or household.
Dental treatment, except as a result of a covered injury.
The repair or replacement of any artificial dental restoration.
Expenses payable under any Workers Compensation Law or similar legislation.
Injury sustained while riding in or any two or three engine driven vehicle.

Payment Options	Check	Credit Card	Wire Transfer
Pay In Full	$1,023.40	$1,064.34	$1,048.40

- Occurrence-Form Policy
- Policy is fully earned and non-refundable once coverage begins
- Coverage issued through the Sports & Recreation Providers Assn. Purchasing Group
- Quote based on 92 students at the busiest month of the year
- Location covered: 2460 Remount Suite 102, North Charleston, SC 29406

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

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

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, June 13, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Charleston Mixed Martial Arts LLC (51827)
Requested Effective: 6/15/2013

Total premium with taxes and fees: $1,023.40

I decline coverage for	Initials
Business Income	_____
Commercial Auto	_____
Earthquake	_____
EPLI	_____
Flood	_____
Property	_____
Umbrella	_____
Workers Comp	_____

Broker of Record: Cossio Insurance Agency

Down Payment Required is $1,023.40 *
*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 ____

3. The premium quoted above includes a $200.00 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
- Accident Medical

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

ENROLLMENT FORM FOR ACCIDENT AND GENERAL LIABILITY INSURANCE

Policyholder Name: Charleston Mixed Martial Arts LLC

Policyholder Address: 1434 Crossbill Trail (Street) Hanahan (City) SC (State) 29410 (Zip)

Policyholder Contact Name: Jared Williams

Policyholder Email Address: jared@psmmma.com

Effective Date: 06/15/13

Expiration Date: 06/15/14

Covered Activity: Martial Arts

Plan of Benefits Per Quotation:

Accident Insurance – Maximum Medical Expense Benefit: $ 100,000

☒ Excess Coverage ☐ Primary Coverage

Accident Insurance – Accidental Death & Dismemberment Benefit: $ 50,000

Accident Insurance – Deductible: $ 250.00

Total Accident Premium: $ _____

General Liability Insurance – General Aggregate Limit: $ 1,000,000

General Liability Insurance – Each Occurrence Limit: $ 1,000,000

Total General Liability Premium: $ _____

Optional Coverage:	Limits:	Premium:
☐ Optional $5,000.00Medical Expenses Liability Limit:		$ _____
☐ Optional Hired & Non-Owned Auto Liability Limit:	$ _____	$ _____
☐ Optional $100,000.00 Sexual Abuse & Molestation Limit:		$ _____
☐ Optional Follow Form Excess Liability Limit:	$ _____	$ _____
☐ Optional $1,000,000.00 Director's & Officer's Liability Limit:		$ _____

Grand Total Accident/Liability/Optional Coverage Premium: $ _____

Non-Refundable Fully Earned Minimum Premium at policy inception: $ _____

By signing below 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 effective date indicated above, whichever is later, subject to the payment of the required premium, 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 or she is facilitating a fraud against an insurer, submits application or files claims containing false or deceptive statement may be guilty of insurance fraud and may be subject to civil fines and criminal punishment.

Acceptance of Terms above:

Policyholder Signature: _____ Title: _____ Date: _____

Print Policyholder Name: _____

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: 51827

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $1,064.34

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: $ $1,023.40

Credit Card Fee: $ $40.94

Total: $ $1,064.34