INSURANCE BIND REQUEST

Tuesday, March 26, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Ollie's Rock Wall Inc (28577)
Requested Effective: 4/9/2013

Total premium with taxes and fees: $2,537.00

I decline coverage for	Initials
Commercial Auto	OLB
Earthquake	OLB
EPLI	OLB
Flood	OLB
Umbrella	OLB
Workers Comp	OLB

Broker of Record: Cossio Insurance Agency

Down Payment Required is $1,377.06 *
*Amount is non-refundable once coverage begins
Taxes and fees are fully earned.

Payment Terms:
____ Check
__X__ Credit Card (4% processing fee will be added)
____ Wire Transfer ($25 will be added for processing fee)

Balance Due $1,159.94

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

X Yes ☐ No

I understand that:

1. All fees are fully earned upon binding. *Minimum earned premium applies. Initial OLB

2. Requests for Additional Insured's or special wording may be subject to a fee determined by your insurance carrier. Initial OLB

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

Thank you

Signature of Insured

Printed Name Oliver Lebras

Date: 04-06-2013 01:14:23 EST

Please bind coverage for:
- General Liability
- Accident Medical
- 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

ROCK WALL INSURANCE APPLICATION

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

Section 7: SIGNATURE

Applicant's Signature: Oliver LeBra Date: 04-06-2013 01:14:23 EST

Additional Insureds
City and State entities will be added at no charge. Special wording, any modifications to our standard policy and certificate, may incur extra charges. Other entities will have a minimum charge of $250 per certificate.
Blanket additional insured endorsements may be available. Please remember to leave 5 business days for each request.

CHECKLIST REQUIREMENTS

- [x] Completed Application with all Questions Answered
- [ ] Currently valued insurance company loss runs for the current policy period plus 3 prior years
- [ ] Copy of waivers or Rental Agreement
- [ ] Copy of Copy of safety checklist
- [ ] Rules of Play posted at facility
- [ ] Business Plan (If new business)
- [ ] Resume (If new business)

Francis L. Dean & Associates of Florida, LLC
3300 SW 34th Avenue Suite 120
Ocala, FL 34474
Phone: 1-877-671-3326 Fax: 352-854-6380

Inland Marine Equipment Application

Applicant Information

Policyholder Name: Ollie's Rock Wall Inc
This name will appear on the insurance policy

Contact Name: Oliver (*First*) Middle LeBras (*Last*)

Mailing Address: 27 Courtland Pawcatuck CT 6379
City *State* *Zip Code*

Phone Number #1: (860)599-3965 Phone Number #2: (860)460-3230 Fax Number: (860)599-3965

Email Address #1: olliesrockwall@gmail.com Email Address #2:

Business Operation: Rock Climbing Wall Operations for events
Please briefly describe your business operations

Coverage Information - Section A

Do you wish to purchase Annual or Short-Term Insurance? (please select one) Annual ☒ Short-Term ☐

If you selected Annual, please skip to Coverage Information - Section B

Only Rented Equipment is available for Short-Term Insurance. Please indicate your desired coverages below:

Coverage Type (NO AUTOS)	Value Type	Limit to Insure (Value)	Rental Pick Up Date mm/dd/yyyy	Rental Return Date Mm/dd/yyyy
Rented Production Equipment From Others	Replacement Cost	$		
Rented Sports, Leisure & Recreational Equipment From Others	Replacement Cost	$		
Rented Musical Instruments & Sound Equipment	Actual Cash Value	$		

CONTINUING RENTAL FEES COVERAGE (If you wish to purchase, please select one) $2,500 ☐ $5,000 ☐
(If you have a covered claim, this coverage reimburses your rental company for loss of rental income during your claim handling. This coverage has a 72 hour time deductible from the time the claim is reported in writing to the insurance agent or carrier)

Coverage Information - Section B

Section B

If you completed Section A for Short-Term Coverage, please skip to Underwriting Information

*Note: If you rent out your Owned Equipment to the sole custody of others (i.e. similar to a rental house operation) for **MORE** than 25% of your business, the items that get rented out must also be insured under "Rented Equipment To Others Coverage." This must be done in order to have valid coverage when the equipment is in your possession and/or your renter's possession.*

Please indicate your desired ANNUAL coverages below:

Coverage Type	Value Type	Limit to Insure (Value) (please include sales tax)
Owned or Annually Leased Production Equipment	Replacement Cost	$
Rented Production Equipment From Others	Replacement Cost	$
Owned or Annually Leased Sports, Leisure & Recreational Equipment	Replacement Cost	$20,000.00
Rented Sports, Leisure & Recreational Equipment From Others	Replacement Cost	$
Owned or Annually Leased Musical Instruments & Sound Equipment	Actual Cash Value	$
Rented Musical Instruments & Sound Equipment From Others	Actual Cash Value	$

RENTAL REIMBURSEMENT COVERAGE (If you wish to purchase, please list the Amount) $
(If you have a covered claim, this coverage reimburses your rental fees for equipment rented to continue your business operations)

CONTINUING RENTAL FEES COVERAGE (If you wish to purchase, please select one) $2,500 ☐ $5,000 ☐
$10,000 ☐ $25,000 ☐

(If you have a covered claim, this coverage reimburses your rental company for loss of rental income during your claim handling. This coverage has a 72 hour time deductible from the time the claim is reported in writing to the insurance agent or carrier)

WORK TOOLS & CLOTHING (If you wish to purchase, please select one listed as "per occurrence/per employee")
$1,000 /$250 ☐ $5,000/$500 ☐ $10,000/$1,000 ☐

(This coverage is a separate coverage limit for work related tools and clothing, such as work uniforms)

RENTED EQUIPMENT TO OTHERS COVERAGE (If you wish to purchase, please select one) $5,000 ☐ $10,000 ☐
$25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000 ☐

*(If you rent out your Owned Equipment to the sole custody of others (i.e. similar to a rental house operation) for **MORE** than 25% of your business, the items that get rented out must also be insured under "Rented Equipment To Others Coverage." This must be done in order to have valid coverage when the equipment is in your possession and/or your renter's possession.)*

Underwriting Information

Where do you store your equipment majority of the time? 27 Courtland Street, Pawcatuck, CT 06379
Does this place have an alarm system connected to an outside monitoring company? Yes ☐ No ☒

Do you travel with your equipment outside the United States more than 5 times a year? Yes ☐ No ☒

Have you ever had an equipment claim in the last 5 years? Yes ☐ No ☒
If yes, please describe all claims (including date, payout, and loss details)

Claim #1:
Claim #2:
Claim #3:

Do you currently have an active policy or quote with OneBeacon Insurance Companies? Yes ☒ No ☐

Will you ever travel with your equipment to Mexico? Yes ☐ No ☒

Do you have any one single item valued over $5,000 (including sales tax) Yes ☒ No ☐
If Yes, please Schedule your equipment on our Equipment List Schedule. It must be scheduled for coverage

Disclaimer & Signature

I understand that this coverage does not apply to vehicles, liability insurance, or workers compensation coverage. This quote is only for Equipment Coverage. (INITIAL) ___

I understand that if I take my equipment to the country of Mexico, there is an automatic sub-limit (cap of coverage) of $25,000 total. (INITIAL) ___

I certify that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may affect my coverage and even void coverage in the event of a claim

_____ _____

Applicant Signature Date

Special Risk Enrollment Form
Participant Accident Insurance
General Liability Insurance

1. Name of Policyholder Ollie's Rock Wall Inc

2. Nature of Business Mobile Rock Wall

3. Address 27 Courtland Street (Street) Pawcatuck (City) CT (State) 06379 (Zip)

4. Effective Date of Coverage 04/09/2013

5. Termination Date of Coverage 04/09/2014

6. Period of Coverage 12 Months

7. Covered Activity Mobile Rock Wall

8. Plan of Benefits:

Maximum Medical Expense Benefit – Per Person:		$ 10,000
Accidental Death & Dismemberment Benefit Principal Sum:		$ 10,000
Deductible Amount: $ None 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 Perso	Eligible	Rate	Total Rate
		04-06- :14:2 x $	=

((Oliver Lebras (860) 599-3965

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: _____

_____ / Owner / _____

Name | Title of Group Official | Phone

Agent Name and Address: _____

_____ / _____ / _____

Agent License No. | Agents Signature | Date

ANL-SR02 App

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: 28577

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $1,432.14

Credit card Number: 6011-0017-3451-8121 Expiration Date: 02/14

Name on Card: Sharon L Lebras

Company Name :

Billing Zip code/House number: 06379 / 27 Courtland Street, Pawc

Phone Number: (860) 599-3965

The Three Digit from the back of card: 236

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: 04/09/2013 01:14:23 EST

Payment: $ $1,377.06

Credit Card Fee: $ $55.08

Total: $ $1,432.14

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)**	**$2,287.00**
B	**CASH DOWN PAYMENT**	**$1,127.06**
C	**PRINCIPAL BALANCE (A MINUS B)**	**$1,159.94**

AGENT
(Name & Place of business)
COSSIO INSURANCE AGENCY

P.O. BOX 188
SIMPSONVILLE,SC 29681
(864)688-0121 FAX: (864)688-0138

INSURED
(Name & Residence or business)
OLLIE'S ROCK WALL INC

27 COURTLAND ST

PAWCATUCK, CT 06379
(860)599-3965

Commercial

Account #: _____

LOAN DISCLOSURE

Additional Policies Scheduled on Page 3

Quote Number: 1524598

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%	$29.01	$1,159.94	$1,188.95

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due Beginning:
5	$237.79	MONTHLY 05/09/2013

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 5 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 in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of $10.00. 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
PENDING	04/09/2013	ATLANTIC SPECIALTY INSURANCE CO FRANCIS L DEAN & ASSOCIATES OF FL	INLAND MARINE	40.00%	12	500.00

Broker Fee: $400.00

TOTAL: $2,287.00

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.

04-06-2013 01:14:23 EST

Signature of Insured or Authorized Agent _____ DATE _____ Signature of Agent _____ DATE _____

(10/11) Copyright 2011 IPFS Corporation

AGENT	INSURED
(Name & Place of business) COSSIO INSURANCE AGENCY P.O. BOX 188 SIMPSONVILLE,SC 29681 (864)688-0121 FAX: (864)688-0138	(Name & Residence or business) OLLIE'S ROCK WALL INC 27 COURTLAND ST PAWCATUCK, CT 06379 (860)599-3965

Account #: _____

SCHEDULE OF POLICIES
(continued)

Quote Number: 1524598

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	04/09/2013	UNITED STATES FIRE INSURANCE CO FRANCIS L DEAN & ASSOCIATES OF FL	GENERAL LIABILITY	38.00%	12	1,387.00
				Broker Fee:		$400.00
				TOTAL:		$2,287.00

e-Signature

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

Signed: 04-05-2013 08:10:01 Eastern Standard Time (-5 GMT)
From IP address: 172.24.1.20

Full name:	Oliver Lebras
Initials:	OLB
Payment Method:	Credit Card Type: Discover (Last 4 Numbers: 8121) Expires: 02/14 CCV: 236 Name on card: Sharon L Lebras Billing address: 27 Courtland Street, Pawcatuck, CT Billing zipcode: 06379 Billing phone: (860) 599-3965
Arrange Premium Financing For Me?	Yes

I decline coverage for (initial to decline):

Commercial Auto:	OLB
Earthquake:	OLB
EPLI:	OLB
Flood:	OLB
Inland Marine:	OLB
Umbrella:	OLB
Workers Comp:	OLB