# INSURANCE BIND REQUEST

**Tuesday, April 09, 2013**

Cossio Insurance Agency

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

**Customer: Star Express LLC (54463)**
**Requested Effective: 4/12/2013**

**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:**
_X_ 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 | A V |
| Business Income | A V |
| Commercial Auto | A V |
| EPLI | A V |
| Inland Marine | ____ |
| Workers Comp | |

I understand that:

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

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

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

Thank you

Signature of Insured Angel Vega

Printed Name Angel E Vega

Date: 04-10-2013 22:45:58 EST

**Please bind coverage for:**
- General Liability

**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

**Star Express LLC**
**302 Caymist Drive**
**Loganville, GA 30052**

**To Whom It May Concern;**

**Star Express Inc. has no known past or impending complaints, claims or losses.**

**Signature:** Angel Vega

**Date:** 04-10-2013 22:45:58 EST

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 : 54463

# 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:_____

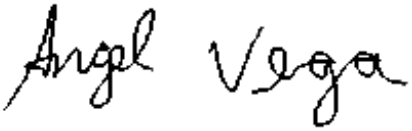
The Three Digit from the back of card: _____

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 |

# e-Signature



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

Signed: 04-10-2013 22:05:00 Eastern Standard Time (-5 GMT)
From IP address: 172.24.1.20

| | |
|---|---|
| Full name: | Angel E Vega |
| Initials: | A V |
| Payment Method: | Check |
| Arrange Premium Financing For Me? | Yes |

I decline coverage for (initial to decline):

| | |
|---|---|
| Commercial Auto: | A V |
| EPLI: | A V |
| Inland Marine: | A V |
| Business Income: | A V |