THE CIA
Cossio Insurance Agency

Insured by The CIA

8/7/2013

Company Name: **Hopper Moonwalks LLC**
Contact Name: **Katherine Hopper**
Mailing Address: **P.O. Box 1462, Pearland, TX 77581**
Business Type: **Party Equipment Rentals**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
General Liability (Rentals)	Not Quoted	
Accident Medical (Rentals)	Not Quoted	
Abuse and Molestation	Not Quoted	
Umbrella	Not Quoted	
Property	Not Quoted	
Inland Marine	**Quoted**	**$952.00**
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		**$952.00**

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$238.00	$247.52	$263.00
Pay In Full	$952.00	$990.08	$977.00

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

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

Policy coverage's, limits, exclusions are on following pages.

107 Old Laurens Rd. Simpsonville, SC 29681
Phone: 864-688-0121 Fax: 864-688-0138

Inland Marine

Carrier: **Atlantic Specialty Insurance Companies**
Policy Term: **2013-2014**

LIMITS

Owned Sports, Leisure & Recreational Equipment – Unscheduled**	$42,285
Deductible	$250
Locked Vehicle Warranty Applies	Yes
Valuation	Replacement Cost Basis (for all items except musical instruments) Actual Cash Value Basis (for all musical instruments)
Equipment in Transit	Included
Terrorism	Included
Worldwide Coverage	Included

Exclusions:

Autos or Vehicles, Cost to reproduce films, War, Intentional or Fraudulent activity, Damages caused by Extreme Temperatures, Theft from an Unlocked Vehicle – (unless endorsed to be removed for an additional 10% of the premium), Territories where the US has imposed Sanctions prohibiting trade unless approved by the US Government, Maximum total sub-limit of $25,000 applies if equipment is in the country of Mexico.

Inclusions/Program Highlights:

Replacement Cost Basis, Worldwide Coverage, All Risk- including Earthquake, Flood, Equipment In Transit

*** Locked Vehicle Warranty: READ**

The Locked Vehicle Warranty states that theft of equipment from a vehicle will only be covered if the vehicle was locked at the time of the loss. There must be physical signs of break-in to the vehicle. If the above says "Yes" this means the warranty applies and there is no coverage for theft from an unlocked vehicle. If you would like to remove the warranty (the above will say "NO"), it will cost an additional 10% of the premium. If the above says "NO" this means you have coverage for theft from an unlocked vehicle and that your premium includes the 10% increase.

******Any single item over $5,000 a piece must be scheduled to be covered. We will need a list of the make, model, serial number if applicable, and replacement cost value (actual cash value if it is a musical instrument)

CONDITIONS

- **All fees are fully earned upon binding.**
- **Minimum earned premium applies.**
- **$238 is not-refundable once coverage begins**
- **Quote is valid for 30 days & subject to correction**
- **Quote is based on information you listed on your application**

107 Old Laurens Rd. Simpsonville, SC 29681
Phone: 864-688-0121 Fax: 864-688-0138

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

Wednesday, August 07, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Hopper Moonwalks LLC (51772)
Requested Effective: 8/7/2013

Total premium with taxes and fees: $952.00

Broker of Record: Cossio Insurance Agency

Down Payment Required is $238.00 *
*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)

Balance Due $714.00

I would like Cossio to set up financing through Premium for me:
☐Yes ☐ No

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 ____

3. The premium quoted above includes a $0.00 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:
- Inland Marine

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
Telephone: 800-277-2175
Account #: 1502681
Routing #: 053200983

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

Special Risk Enrollment Form
Participant Accident Insurance and General Liability Insurance

1. Name of Policyholder: Hopper Moonwalks LLC

2. Nature of Business: Party Equipment Rentals

3. Mailing Address: P.O. Box 1462, Pearland, TX 77581

4. Physical Address: P.O. Box 1462, Pearland, TX 77581

5. Effective Date of Coverage: _____ (mm/dd/yy)

6. Termination Date of Coverage: _____ (mm/dd/yy)

7. Period of Coverage: 52 Weeks

8. Covered Activity: Party Equipment Rentals

9. Plan of Benefits:

Maximum Medical Benefit per Claim	$10,000
Accidental Death/Dismemberment Benefit per Claim	$10,000
Deductible	None
Liability Coverage: General Aggregate:	$2,000,000
Liability Coverage: Each Occurrence:	$1,000,000

10. Plan Types:

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.

Payment Information:

Check	Make Check payable to Cossio Insurance Agency
Credit Card	Please complete the attached credit card authorization form

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: _____

_____ _____ _____

Name Title of Group Official Phone

For Agency Use Only

Premium Computation:

Classification of Insured Persons	Number Eligible		Rate	Total Rate
– Accident Medical		X		
– General Liability		X		
Retail Sales		X		
	Total Premium Due Company =		$	

Agent Name and Address: PO Box 188 Simpsonville, SC 29681

_____ _____ _____

Agent License No: Agent Signature Date

ANL-SR02 App

Inland Marine Equipment Application

Applicant Information

Policyholder Name: Hopper Moonwalks LLC
This name will appear on the insurance policy

Contact Name: Katherine (*First*) (*Middle*) Hopper (*Last*)

Mailing Address: P.O. Box 1462 Pearland TX 77581
(*City*) (*State*) (*Zip Code*)

Phone Number #1: (281)455-6372 Phone Number #2: ( ) - Fax Number: ( ) -

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

Business Operation: Party Equipment Rentals
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	$42,285
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	$

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?

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

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)**	**$952.00**
B	**CASH DOWN PAYMENT**	**$238.00**
C	**PRINCIPAL BALANCE (A MINUS B)**	**$714.00**

AGENT
(Name & Place of business)
COSSIO INSURANCE AGENCY

107 OLD LAURENS RD.

SIMPSONVILLE,SC 29681
(864)688-0121 FAX: (864)688-0138

INSURED
(Name & Residence or business)
Hopper Moonwalks LLC
Katherine Hopper
PO Box 1462

Pearland, TX 77581
(281)455-6372

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 1849437

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%	$11.88	$714.00	$725.88

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	
3	$241.96	Beginning:	MONTHLY 09/07/2013

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 10 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. 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
TBD (32620)	08/07/2013	ATLANTIC SPECIALTY INSURANCE CO FRANCIS L DEAN & ASSOCIATES OF FL	INLAND MARINE	25.00%	12	952.00

Broker Fee: $0.00

TOTAL: $952.00

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.

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

(01/12) Copyright 2012 IPFS Corporation

Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES**: The finance charge begins to accrue from each policy effective date or the date on which Lender made payment to the insurer for the financed policy, whichever is earlier.
4. AGREEMENT EFFECTIVE DATE: This Agreement shall be effective upon the earlier of (a) the date when written acceptance is mailed to the insured by Lender and (b) three working days following Lender's receipt of a properly signed and completed Agreement unless such Agreement has been returned by Lender to the agent/broker within such period. **5. DEFAULT AND DELIN□UENT PAYMENTS**: If any of the following happens insured will be in default: (a) a payment is not made when it is due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is instituted by or against insured, or (c) insured fails to keep any promise the insured makes in this Agreement□provided, however, that, to the extent re□uired by applicable law, insured may be held to be in default only upon the occurrence of an event described in clause (a) above. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subse□uent late payment. **6. CANCELLATION**: Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other re□uired statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES**: If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as re□uired by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES**: If insured's check or electronic funding is dishonored for any reason, the insured will pay to Lender a fee of $30.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION**: Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to re□uest reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does re□uest a reinstatement of the policy(ies) on behalf of the insured, such a re□uest does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated and Lender may charge a reinstatement fee where permitted up to the maximum amount allowed by law. **10. ASSIGNMENT**: The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER**: The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender□and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly re□uired by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any □uestions about this compensation you should contact your agent/broker. As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any □uestions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION**: The law does not re□uire a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS**: Insured agrees to pay attorney fees and other collection costs to Lender to the extent permitted by law if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY**: The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender' gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT**: This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES**: The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would re□uire Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. PRIVACY**: Our privacy policy may be found at https://www.ipfs.com/Privacy.aspx. **18. ENTIRE DOCUMENT □GOVERNING LAW**: This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Texas will govern this Agreement. **19. AUTHORI□ATION**: The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **20. WAIVER OF SOVERIGN IMMUNITY**: The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

AGENT□BROKER REPRESENTATIONS

The agent/broker executing this agreement represents, warrants and agrees: (1) installment payments totaling $0.00 and the down payment indicated in Box "B" on Page 1 has been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement□if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned□s knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy re□uires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

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: 51772

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $247.52

Credit card Number:	Expiration Date:

Name on Card:

Company Name : Hopper Moonwalks LLC

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: $ $238.00

Credit Card Fee: $ $9.52

Total: $ $247.52

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: 51772

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $990.08

Credit card Number:	Expiration Date:

Name on Card:

Company Name : Hopper Moonwalks LLC

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: $ $952.00

Credit Card Fee: $ $38.08

Total: $ $990.08