THE CIA
Cossio Insurance Agency

Insured by The CIA

1/21/2013

Company Name: **Hop N Party, LLC**
Contact Name: **David Hieronymus**
Mailing Address: **10219 Maloca Way, Austin, TX 78726**
Location Address: **10219 Maloca Way, Austin, TX, 78726**
Business Type: **Party Equipment Rentals**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
General Liability (Rentals)	**Quoted**	**$3,100.00**
Abuse and Molestation	Not Quoted	
Umbrella	Not Quoted	
Property	Not Quoted	
Inland Marine	**Quoted**	**$300.00**
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		**$3,400.00**

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$1,510.00	$1,570.40	$1,535.00
Pay In Full	$3,400.00	N/A	$3,425.00

DOCUMENTS REQUIRED PRIOR TO BINDING:

1. **COMPLETED & SIGNED INSURANCE BIND REQUEST FORM (ATTACHED)**
2. **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: **NATIONWIDE MUTUAL INS. CO.**
Policy Term: **2013-2014**

LIMITS

Each Occurrence	$1,000,000
General Agg (Other than Products-Completed Ops)	$5,000,000
Products and Completed Operations Aggregate	$1,000,000
Personal and Advertising Injury	$1,000,000
Legal Liability to Participants	$1,000,000
Damages to Premises Rented to You	$300,000
Medical Expense (other than participants)	Excluded
Participant Accident - Excess Medical	$10,000
Professional Liability (for Event Planners)	$1,000,000

Notable Forms, including but not limited to:

- SRPG 115 – Commercial General Liability Broadening Endorsement
- SRPG26583 – Professional Liability Coverage- (For Event Planners)
- SRPG 43 – Earned premium – 25% or $750 whichever is greater.
- SRPG 26143 – Legal Liability to Participants.
- Amendment of Definition of Employee-names insured definition to be expanded to include the employees that they call subcontractors.
- IL0985 – Disclosure Pursuant to Terrorism Risk Ins. Act.
- CG2170 – Cap on Losses - Terrorism.

EXCLUSIONS

Exclusion - Coverage C -Medical Payments
Exclusion - Absolute Asbestos
Total Pollution Exclusion w/Hostile Fire Exception
Exclusion - Fireworks
Exclusion - Employment-Related Practices
Exclusion - Medical Payments
Exclusion - Nuclear Energy Liability
Exclusion - Fungi or Bacteria
Exclusion - Lead
Exclusion - Asbestos Liability
Exclusion - Abuse, Molestation, Harassment or Sexual Conduct
Exclusion - Hired/ Non-Owned Auto
Exclusion - Violation of Statutes
Exclusion - Described Hazards (Carnivals, Circuses, Fairs)

Inland Marine

Carrier: **NATIONWIDE MUTUAL INS. CO.**
Policy Term: **2013-2014**

LIMITS

Business Personal Property limit	$37,915.00
Tenant Improvements & Betterments	Excluded
Business Income with Extra Expense	$0
Sign Coverage	Excluded
Valuation	Replacement Cost
Coinsurance	80%
Deductible	$500

Additional Coverage:

Property of Others	Included in Business Personal Property Limit
Valuable Papers	$10,000
Property Off-Premises	Included in Business Personal Property Limit
Outdoor Property ($250/tree, etc.)	Included in Business Personal Property Limit
Accounts Receivable	$10,000
Computer Coverage	Included in Business Personal Property Limit
Fine Arts	Included in Business Personal Property
Building Glass ($250 Deductible)	Included in Business Personal Property Limit
Water-Sewer-Drains	$25,000
Equipment Breakdown	Included in Business Personal Property Limit
Terrorism	Included

Crime:

Money & Securities - Theft Inside	$5,000
Money & Securities - Robbery or Safe Burglary	Included
Outside the Premises	Included

Notable Forms, including but not limited to:

- SRPG 115 – Commercial General Liability Broadening Endorsement
- SRPG26583 – Professional Liability Coverage- (For Event Planners)
- SRPG 43 – Earned premium – 25% or $750 whichever is greater.
- SRPG 26143 – Legal Liability to Participants.
- Amendment of Definition of Employee-names insured definition to be expanded to include the employees that they call subcontractors.
- IL0985 – Disclosure Pursuant to Terrorism Risk Ins. Act.
- CG2170 – Cap on Losses - Terrorism.

CONDITIONS

- **Quote is based on $45,000 Gross Sales**
- **All fees are fully earned upon binding.**
- **$1,510.00 is non-refundable once coverage begins**
- **Quote is valid for 30 days & subject to correction**
- **Blanket Additional Insured included**
- **Quote excludes abuse and molestation coverage. Coverage can be added for an additional premium and background checks on all employees are required.**
- **Our program will not offer coverage for Animals, Mechanical Bulls, Zip lines, Trampolines and Jacob Ladders. Please contact us before adding any new equipment or exposures.**
- **Higher limits are available**
- **Customer Pick ups and Overnight Rental are excluded.**

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

Monday, January 21, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Hop N Party, LLC (49777)
Requested Effective: 2/1/2013

Total premium with taxes and fees: $3,400.00

Broker of Record: Cossio Insurance Agency

Down Payment Required is $1,510.00 *
*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 $1,890.00

I decline coverage for	Initials
Accident Medical (Rentals)	_____
Abuse and Molestation	_____
Umbrella	_____
Property	_____
Workers Comp	_____
Commercial Auto	_____
EPLI	_____
Flood	_____
Earthquake	_____
Hired/Non-Owned Auto	_____
Business Income	_____

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

☐Yes ☐ No

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 ____

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 (Rentals)
- 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

Weekend Warrior Sportz
PO Box 188
Simpsonville, SC 29681
(864) 688 - 0123
(864) 688 - 0138 fax

49777

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 purchase, 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 purchase.

Example: If my purchase 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: $ $1,570.40

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 $	$1,510.00
Credit Card Fee $	$60.40
Total $	$1,570.40