THE CIA
Cossio Insurance Agency

Insured by The CIA

4/19/2013

Company Name: **Karly Scott DBA Bouncin Lil' Rascals**
Contact Name: **Karly Scott**
Mailing Address: **202 Stevens Street, Dayton, TX 77535**
Location Address: **202 Stevens Street, Dayton, TX, 77535**
Business Type: **Party Equipment Rentals**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
General Liability (Rentals)	**Quoted**	**$925.00**
Accident Medical (Rentals)	**Quoted**	**$250.00**
Abuse and Molestation	Not Quoted	
Umbrella	Not Quoted	
Property	Not Quoted	
Inland Marine	Not Quoted	
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		**$1,175.00**

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$1,175.00	$1,222.00	$1,200.00
Pay In Full	$1,175.00	$1,222.00	$1,200.00

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. PAY FOR PLAY SIGNAGE WILL NEED TO CONTAIN HOLD HARMLESS WORDING
4. SIGNED NO LOSS LETTER

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: **US Fire Insurance Company**
Policy Term: **2013-2014**

LIMITS

General Aggregate	$2,000,000
Products/Completed Operations	$2,000,000
Personal & Advertising Injury	$1,000,000
Each Occurrence	$1,000,000
Fire Damage (any one fire)	$300,000
Medical Expenses	$5,000
Deductible	None

EXCLUSIONS

War
Terrorism
Expected or Intended Injury
Sexual Abuse/Molestation
Asbestos
Nuclear Energy
Total Pollution
Fungi or Bacteria
Aircraft or Watercraft
Pyrotechnics
Employment-Related Practices
Lead Liability
Use of Trampolines
Sale/Manufacture/Distribution of Athletic Equipment
Use of Saunas or Tanning Devices
Downhill Snow Skiing
Whitewater Rafting
Bungee Jumping
Mountain Climbing
Rock Climbing
Ballooning
Parachute Jumping
Luge
Tobogganing
All Motor Sports
Violation of Telephone Consumer Protection Act or CAN-SPAM Act
Communicable Disease (Hepatitis, TSE, HIV, HTLV, or AIDS)

Accident Medical (Rentals)

Carrier: **US Fire Insurance Company**
Policy Term: **2013-2014**

LIMITS

Maximum Medical Benefit per Claim	$10,000
Accidental Death/Dismemberment Benefit per Claim	$10,000
Deductible	$0

EXCLUSIONS

This Plan does not cover any loss to or resulting from:

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane
- War or any act of war, declared or undeclared.
- Sickness, disease in any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking and drug or narcotic, unless the drug or narcotic is prescribed by a Physician.
- Injuries paid under Worker's Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other that the Policyholder
- Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
- Services or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization
- Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person
- Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

CONDITIONS

- **All fees are fully earned upon binding.**
- **Fully earned at inception.**
- **Quote is valid for 30 days & subject to correction**
- **Blanket Additional Insured included**
- **Quote is based on information you listed on your application**
- **Quote based on sales of $5,000**
- **Higher limits are available**
- **Hired and Non-Owned Auto available/Not included in this quote**
- **Inclusions/Program Highlights:**
- **Occurrence Form**
- **Coverage issued through the Sports & Recreation Providers Assn. Purchasing Group**
- **Abuse/Molestation Sublimit Option (not included)**
- **Coverage for claims of Abuse/Molestation with limit of $100,000 per Occurrence/$100,000 Aggregate can be added for additional premium of $1,000.00 (fully earned at inception).**

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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

Friday, April 19, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Karly Scott DBA Bouncin Lil' Rascals (53735)
Requested Effective: 4/19/2013

Total premium with taxes and fees: $1,175.00

Broker of Record: Cossio Insurance Agency

Down Payment Required is $1,175.00 *
*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)

I decline coverage for	Initials
Abuse and Molestation	_____
Umbrella	_____
Property	_____
Inland Marine	_____
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 ____

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

Thank you

Signature of Insured X_____

Printed Name X_____ Date: _____

Please bind coverage for:
- Accident Medical (Rentals)
- General Liability (Rentals)

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

Special Risk Enrollment Form
Participant Accident Insurance and General Liability Insurance

1. Name of Policyholder: Karly Scott DBA Bouncin Lil' Rascals

2. Nature of Business: Party Equipment Rentals

3. Mailing Address: 202 Stevens Street, Dayton, TX 77535

4. Physical Address: 202 Stevens Street, Dayton, TX 77535

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 [5] 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

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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: 53735

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $1,222.00

Credit card Number: | Expiration Date:

Name on Card:

Company Name : Karly Scott DBA Bouncin Lil' Rascals

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: $ $1,175.00

Credit Card Fee: $ $47.00

Total: $ $1,222.00

EXAMPLE

SAMPLE LANGUAGE

I, the undersigned, understand and acknowledge that play on an amusement device entails both known and unknown risks including, but not limited to, physical injury from failing, slipping, crashing or colliding, emotional injury, paralysis, distress, damage or death to any participant. I hereby voluntarily and expressly release, indemnify, forever discharge and hold harmless **(insert your business name here)** from any and all liability, claims, demands, causes or rights of action whether personal to me or to a third party, which are in any way connected with participation in this activity, including those allegedly attributable to negligent acts or omissions. Should **(insert your business name here)** or anyone acting on behalf of **(insert your business name here)** be required to incur attorney's fees and costs to enforce this agreement, I expressly agree to indemnify and hold **(insert your business name here)** harmless for all such fees and costs. In event I, the undersigned or any of my participants file a lawsuit against **(insert your business name here)**, it is agreed to do so solely in the state of **(insert your state here).** I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. In consideration of being permitted by **(insert your business name here)** to use its equipment and facilities, the undersigned and its participants agree to indemnify and hold harmless **(insert your business name here)** from any and all claims which are brought by the undersigned and/ or their participants and which are in any way connected with such use or participation. A set of Rules and Direction are either displayed on the bounce house/unit(s) or have been provided to the undersigned which I agree to follow and utilize at all times during operation and use of the unit(s). I, the undersigned, acknowledge and certify that I have had sufficient opportunity to read the entire Rental Agreement and Acknowledgement of Risks, that I understand its content and that I execute it freely without duress of any kind and agree to the terms herein stated.

Date: _____ Signature_____

If under 18, signature of parent or guardian:

Date: _____ Guardian's Signature_____