Insured by The CIA

8/13/2013

Company Name: **Bulls of Texas, LLC**
Contact Name: **Zach Morris**
Mailing Address: **603 Louis Henna Blvd 197-107, Round Rock, TX 78664**
Business Type: **Party Equipment Rentals**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
General Liability (Rentals)	**Quoted**	**$3,025.00**
Accident Medical (Rentals)	**Quoted**	**$250.00**
Abuse and Molestation	Not Quoted	
Umbrella	**Quoted**	**$5,507.78**
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		**$8,782.78**

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$5,032.78	N/A	$5,057.78
Pay In Full	$8,782.78	N/A	$8,807.78

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 AREEGMENT (ATTACHED)
4. SIGNED TERRORISM FORM
5 SIGNED ACORD FORM

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: **United States Fire Insurance Company**
Policy Term: **2013-2014**

LIMITS

Each Occurrence	$1,000,000
General Aggregate	$2,000,000
Products/Completed Operations	$2,000,000
Personal & Advertising Injury	$1,000,000
Fire Damage	$300,000
Medical Expenses	$5,000
Deductible	$0.00

EXCLUSIONS

War
Terrorism
Exclusion - 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)

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

Accident Medical (Rentals)

Carrier: **United States Fire Insurance Company**
Policy Term: **2013-2014**

LIMITS

Accidental Death & Dismemberment	$10,000
Maximum Benefit Amount	$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.

Umbrella

Carrier: **Kinsale Insurance Company**
Policy Term: **2013-2014**

LIMITS

Annual Aggregate	$1,000,000
Each Occurrence	$1,000,000

EXCLUSIONS

Exclusion - Terrorism
Exclusion - Absolute Pollution & Pollution Related Liability
Exclusion - Athletic Participants
Exclusion - Assault and Battery
Exclusion - Injury to independent contractors and subcontractors
Exclusion - Automobile Liability
Exclusion - Insured versus Insured
Exclusion - Abuse and Molestation
Exclusion - Absolute Asbestos
Exclusion- New York

CONDITIONS

- **All fees are fully earned upon binding.**
- **Minimum earned premium applies.**
- **$5,032.78 is non-refundable once coverage begins**
- **Quote is valid for 30 days & subject to correction**
- **Blanket Additional Insured included**
- **Quote is based on information you listed on your application**
- **Quote is based on $20,000 Gross Sales**
- **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).**

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

Tuesday, August 13, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Bulls of Texas, LLC (56537)
Requested Effective: 8/12/2013

Total premium with taxes and fees: $8,782.78

Broker of Record: Cossio Insurance Agency

Down Payment Required is $5,032.78 *
*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 $3,750.00

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

☐Yes ☐ No

I decline coverage for	Initials
Abuse and Molestation	_____
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 ____

3. The premium quoted above includes a $400.00 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 X_____

Printed Name X_____ Date: _____

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

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

COMMERCIAL INSURANCE APPLICATION

APPLICATION INFORMATION SECTION

DATE(MM/DD/YYYY) 8/13/2013

AGENCY	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
Cossio Insurance Agency PO Box 188 Simpsonville, SC 29681	POLICIES OR PROGRAM REQUESTED: Umbrella		POLICY NUMBER: TBD	

PHONE (A/C, No, Ext):	(864) 688-0121	INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS	
FAX (A/C, No, Ext):	(864) 688-0138	PROPERTY		INSTALLATION/BUILDERS RISK		VEHICLE SCHEDULE	
EMAIL ADDRESS:	larry@cossioinsurance.com	CLASS AND SIGN		ELECTRONIC DATA PROC		BOILER MACHINERY	
CODE:	SUBCODE:	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABLITY		WORKERS COMPENSATION	
AGENCY CUSTOMER ID		CRIME/MISC CRIME		BUSINESS AUTO	X	UMBRELLA	
		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER			

STATUS OF TRANSACTION

- [X] QUOTE
- [ ] ISSUE POLICY
- [ ] RENEW
- [ ] BOUND (Give Date and/or Attach Copy)
- [ ] CHANGE
- [ ] CANCEL

DATE: TIME: [ ] AM [ ] PM

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATE AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
8/12/2013	8/12/2014	[ ] DIRECT BILL [X] AGENCY BILL		

APPLICATION INFORMATION

NAME (First Named Insured & Other Named Insureds): Bulls of Texas, LLC

MAILING ADDRESS INCL ZIP+4 (of First Named Insured): Bulls of Texas, LLC, Zach Morris, 603 Louis Henna Blvd 197-107, Round Rock, TX 78664

FEIN OR SOC SEC # (of First Named): 640-12-4722

PHONE (A/C, No, Ext): (254) 702-7679

E-MAIL ADDRESS(ES): zach@bullsoftexas.com

WEBSITE ADDRESS(ES): http://www.bullsoftexas.com

[ ] INDIVIDUAL	[ ] CORPORATION	[ ] SUBCHAPTER "S" CORPORATION	[X] LLC	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED	
[ ] PARTNERSHIP	[ ] JOINT VENTURE	[ ] NOT FOR PROFIT ORG	NO OF MEMBERS AND MANAGERS ____			2013	

INSPECTION CONTACT			ACCOUNTING RECORDS CONTACT	
PHONE (A/C, No, Ext.): (254) 702-7679	E-MAIL ADDRESS: (254) 702-7679		PHONE (A/C, No, Ext.):	EMAIL ADDRESS:

PREMISES INFORMATION

LOC#	BLD#	STREET, CITY, COUNTY, STATE, ZIP + 4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPPIED
1	1	603 Louis Henna Blvd 197-107 Round Rock, TX 78664	[X] INSIDE [ ] OUTSIDE	[X] OWNER [ ] TENANT				
			[ ] INSIDE [ ] OUTSIDE	[ ] OWNER [ ] TENANT				

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS BY PREMISE(S)

Party Equipment Rentals

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO		YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY		X	8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED of ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existance of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprinsonment).		X
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES		X			
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	X				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		X	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		X
4. ANY CATASTROPHE EXPOSURE?		X	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		X
5. ANY OTHER INSURANCE WITH COMPANY OR BEING SUBMITTED?		X	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		X
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO		X	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		X
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DESCRIMINATION OR NEGLIGENT HIRING?		X			

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CRETIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

© ACORD CORPORATION 1993-2005

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: 56537

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ $5,234.09

Credit card Number:	Expiration Date:

Name on Card:

Company Name :

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: $ $5,032.78

Credit Card Fee: $ $201.31

Total: $ $5,234.09

NOTICE-OFFER OF TERRORISM COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended ("the Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, AS AMENDED, CONTAINS A $100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT, AS WELL AS INSURERS' LIABILITY FOR LOSSES, RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS $100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED $100 BILLION, YOUR COVERAGE MAY BE REDUCED. COVERAGE FOR "INSURED LOSSES" AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an "act of terrorism" covered by the Act.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

If you choose not to purchase coverage for certified acts of terrorism, you must check the Terrorism Coverage Rejection box below and sign and date in the space provided.

☐	**TERRORISM COVERAGE REJECTION** I hereby acknowledge that I have been notified of my right to purchase coverage for certified acts of terrorism and that I voluntarily elect not to purchase such coverage. I understand that I will have no coverage for losses arising from acts of terrorism as defined above.
☐	**TERRORISM COVERAGE SELECTION** I hereby elect to purchase coverage for certified acts of terrorism for a premium of $ $250

If you choose to purchase coverage for certified acts of terrorism, you must check the Terrorism Coverage Selection box below, sign and date in the space provided and remit the quoted premium amount indicated below.

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act. Failure to sign this form will neither grant nor invalidate coverage.

Applicant's Name	Insurance Company
Authorized Signature	Date
Print Name	Policy Number/Effective Date