THE CIA
Cossio Insurance Agency

Insured by The CIA

10/25/2013

Company Name: **Clarence Cary dba Summers Southwest Sandart**
Contact Name: **Clarence Cary**
Mailing Address: **58 Lake Walton Road, Wappinger Falls, NY 12590**
Business Type: **Party Equipment Rentals**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
General Liability (Rentals)	**Quoted**	**$1,188.00**
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		**$1,438.00**

Payment Options	Check	Credit Card	Wire Transfer
Min Down Payment	$1,438.00	$1,495.52	$1,463.00
Pay In Full	$1,438.00	$1,495.52	$1,463.00

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. LOSS RUNS FROM YOUR PREVIOUS CARRIER

Policy coverage's, 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

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

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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:

- Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.)
- Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.)
- Commission or attempt to commit a felony.
- Participation in a riot or insurrection.
- Driving under the influence of a controlled substance unless administered on the advice of a doctor.
- Driving while Intoxicated. “Intoxicated” will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
- Declared or undeclared war or act of war.
- An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.)
- Aviation, except as specifically provided in the policy.
- Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
- Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and the loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy and the Covered Person was within a 25-mile radius of the site of the release either at the time of the release or within 24 hours of the start of the release.
- Normal health checkups
- Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident.
- Services or treatment rendered by a doctor, nurse or any other person who is employed or retained by the insured or
- The insured or a member of his immediate family.
- Charges which the Covered Person would not have to pay if he did not have insurance; or are in excess of Usual, Reasonable and Customary charges.
- An Injury that is caused by flight in an aircraft, except as a fare-paying passenger, a space craft or any craft designed for navigation above or beyond the earth's atmosphere or an ultra-light, hang-gliding, parachuting or bungi-cord jumping.
- Travel in or upon a snowmobile, any two or three wheeled motor vehicle, any off-road motorized vehicle not requiring licensing as a motor vehicle.

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- That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited).
- Injury that is the result of the Covered Person being Intoxicated. (“Intoxicated” will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs) or caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor.
- Any Sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food.
- Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Policy.
- Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
- Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood.
- Elective treatment or surgery, health treatment, or examination where no Injury is involved.
- Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request.
- Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
- Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
- Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy.
- Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body.
- Any loss which is covered by state or federal worker's compensation, employer’s liability, occupational disease law, or similar laws.
- The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
- Rest cures or custodial care.
- The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges.
- Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits.
- Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports.
- Services and supplies furnished by the Policyholder’s infirmary, its employees, or doctors who work for the Policyholder.
- Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.
- Prescription medicines unless specifically provided for under this policy or certificate.

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CONDITIONS

- **All fees are fully earned upon binding.**
- **Fully earned at inception.**
- **$1,438 is not-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 $25,000 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

Friday, October 25, 2013

THE CIA
Cossio Insurance Agency

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

Customer: Clarence Cary dba Summers Southwest Sandart (32957)
Requested Effective: 10/28/2013

Total premium with taxes and fees: $1,438.00

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	_____

Broker of Record: Cossio Insurance Agency

Down Payment Required is $1,438.00 *
*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 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)

General Mailing Address:
P.O. 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: Clarence Cary dba Summers Southwest Sandart

2. Nature of Business: Party Equipment Rentals

3. Mailing Address: 58 Lake Walton Road, Wappinger Falls, NY 12590

4. Physical Address: 58 Lake Walton Road, Wappinger Falls, NY 12590

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

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CREDIT CARD AUTHORIZATION

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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: 32957

BILLING INFORMATION

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

Authorized Dollar Amount to be charged: $ 1,495.52

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: $ 1,438.00

Credit Card Fee: $ 57.52

Total: $ 1,495.52