THE CIA

Insured by The CIA

COSSIO INSURANCE AGENCY

9/24/2012

Company Name: **Central Virginia Bounces & Amusements LLC**
Contact Name: **Scott A Valentine &Stephen Spedaliere**
Mailing Address: **123 Dale Avenue, Cortlandt, NY 10567**
**Location Address:** 123 Dale Avenue, Cortlandt, NY, 10567
Business Type: **Party Equipment Rentals**

**POLICY RECOMMENDATIONS:**

| **Policy Type** | | **Premium** |
|---|---|---|
| **General Liability (Rentals)** | **Quoted** | **$4,600.00** |
| **Accident Medical (Rentals)** | **Quoted** | **$250.00** |
| Umbrella | Not Quoted | |
| Property | Not Quoted | |
| **Inland Marine** | **Quoted** | **$883.00** |
| 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** | | **$5,733.00** |

| **Payment Options** | Check | Credit Card | Wire Transfer |
|---|---|---|---|
| Min Down Payment | $1,965.96 | $2,044.60 | $1,990.96 |
| Pay In Full | $5,733.00 | N/A | $5,758.00 |

**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 & DATED FINANCE AGREEMENT IF NOT PAYING IN FULL (ATTACHED)**

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: **2012-2013**

## LIMITS

| | |
|---|---|
| Each Occurrence | $1,000,000 |
| General Aggregate | $2,000,000 |
| Personal/Advertising Injury | $1,000,000 |
| Products/Completed Operations | $2,000,000 |
| Fire Damage Limit - Any One Fire | $300,000 |
| Medical Expenses | $5,000 |
| Deductible per Claim | $0 |

## 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: **US Fire Insurance Company**
Policy Term: **2012-2013**

**LIMITS**

| | |
|---|---|
| Maximum Medical Benefit per Claim | $10,000 |
| Accidental Death/Dismemberment Benefit per Claim | $10,000 |
| Deductible | None |

**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.

## Inland Marine

Carrier: **Aspen American Insurance Company**
Policy Term: **2012-2013**

**LIMITS**

| | |
|---|---|
| Scheduled Equipment Floater | $63,950 |
| Valuation | Replacement Cost |
| Coinsurance | 80% |
| Perils- | "All Risk" Subject to policy exclusions |
| Equipment Floater Deductible | $500 |
| Crime Deductible | None |
| Wind Damage (Tier I only) Deductible | None |
| All Other Claims - Deductible | None |

**EXCLUSIONS**

Exclusion- War and Military Action
Exclusion- Biological and Chemical Non-Certified Act of Terrorism
Exclusion- Fungi Limitation
Exclusion- Flood

**CONDITIONS**

- **All fees are fully earned upon binding.**
- **Fully earned at inception.**
- **Minimum earned premium applies.**
- **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 $160,000**
- **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).**

**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*

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