

**EXHIBIT A**

# Annual Events Application

## Contact Information

Name of Company / Organization:

National Pastime Sports LLC

Entity Type:

LLC

Street Address:

150 Elizabeth Road

City:

Rochester

State & Zip:

Michigan 48307

Contact Person:

Jason Hackman

Phone:

773-935-1304

Fax:

513-204-3773

Email:

Jason@NP Sports.com

## Qualification Questions

Do any events include any of the following? Stunts, Pyrotechnics, Aircrafts, Car Races, Precision Driving, Mechanical Amusement Devices, Film Production, Live Rap/Hip-Hop or Metal Music, or other Hazardous Activities.

Yes

No

Any private armed security? (i.e. armed security that work exclusively for you under your employ)

Yes

No

Any event with bounce houses or inflatables? (If yes, certificates of insurance are required)

Yes

No

## Effective Date of Policy

Date:

4/28/10 thru 9/12/10

Signature:



Date:

3/2/10

# Annual Events Application

Coverage Options *Per Quote 1*

## Inland Marine

Third Party Property Damage	<input type="checkbox"/> 250,000 <input type="checkbox"/> 1,000,000	<input type="checkbox"/> 500,000
Hired and Non-owned Auto Physical Damage (Occ/Agg)	<input type="checkbox"/> 25,000 / 100,000 <input type="checkbox"/> 100,000 / 500,000	<input type="checkbox"/> 50,000 / 200,000

## General Liability

General Liability (Occurrence/Aggregate)	1,000,000 2,000,000
Certificates/Blanket Additional Insureds	<input checked="" type="checkbox"/> Included
Waiver of Subrogation	<input type="checkbox"/> Included
Liquor Liability (Occurrence/Aggregate)	<input type="checkbox"/> 1,000,000
Abuse & Molestation (Claim/Aggregate)	<input type="checkbox"/> 50,000 / 100,000

## Excess Liability

Per Occurrence / Aggregate	<input checked="" type="checkbox"/> 1,000,000 <input type="checkbox"/> 3,000,000 <input type="checkbox"/> 5,000,000	<input type="checkbox"/> 2,000,000 <input type="checkbox"/> 4,000,000
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## Automobile

Hired/Non-Owned Liability	<input type="checkbox"/> 1,000,000
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## Spectators & Participants Medical

Coverage for Participants	<input type="checkbox"/> Included
Coverage for Spectators	<input type="checkbox"/> Included

## Equipment Floater

Owned Equipment (Unscheduled)	<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000
	<input type="checkbox"/> 7,500	<input type="checkbox"/> 10,000
Musical Instruments/Band Equipment		\$
Extra Expense	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000
	<input type="checkbox"/> 75,000	<input type="checkbox"/> 100,000
P.A./Sound Reinforcement Equipment		\$
Rented Equipment		\$
Office Contents	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000
	<input type="checkbox"/> 75,000	<input type="checkbox"/> 100,000
Theatrical Property		\$
Rental Reimbursement (per day)	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000
	<input type="checkbox"/> 75,000	<input type="checkbox"/> 100,000

# Annual Events Application

Coverage Options *for Quote 2*

## Inland Marine

Third Party Property Damage	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000
	<input type="checkbox"/> 1,000,000	
Hired and Non-owned Auto Physical Damage (Occ/Agg)	<input type="checkbox"/> 25,000 / 100,000	<input type="checkbox"/> 50,000 / 200,000
	<input type="checkbox"/> 100,000 / 500,000	

## General Liability

General Liability (Occurrence/Aggregate)	<del>1,000,000/2,000,000</del>	<i>5,000,000 /</i>
Certificates/Blanket Additional Insureds	<input checked="" type="checkbox"/> Included	
Waiver of Subrogation	<input type="checkbox"/> Included	
Liquor Liability (Occurrence/Aggregate)	<input type="checkbox"/> 1,000,000	
Abuse & Molestation (Claim/Aggregate)	<input type="checkbox"/> 50,000 / 100,000	<i>500,000</i>

## Excess Liability

Per Occurrence / Aggregate	<input checked="" type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,000,000
	<input type="checkbox"/> 3,000,000	<input type="checkbox"/> 4,000,000
	<input type="checkbox"/> 5,000,000	

## Automobile

Hired/Non-Owned Liability	<input type="checkbox"/> 1,000,000
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## Spectators & Participants Medical

Coverage for Participants	<input type="checkbox"/> Included
Coverage for Spectators	<input type="checkbox"/> Included

## Equipment Floater

Owned Equipment (Unscheduled)	<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000
	<input type="checkbox"/> 7,500	<input type="checkbox"/> 10,000
Musical Instruments/Band Equipment		\$
Extra Expense	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000
	<input type="checkbox"/> 75,000	<input type="checkbox"/> 100,000
P.A./Sound Reinforcement Equipment		\$
Rented Equipment		\$
Office Contents	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000
	<input type="checkbox"/> 75,000	<input type="checkbox"/> 100,000
Theatrical Property		\$
Rental Reimbursement (per day)	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000
	<input type="checkbox"/> 75,000	<input type="checkbox"/> 100,000