

**EXHIBIT B**



**CSI INSURANCE GROUP**  
*Entertainment & Hospitality Specialists*



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Quote Prepared For:  
National Pastime Sports LLC

**No insurance coverage is implied or bound.**

2920 Taylor St. Dallas, TX 75226  
p 800 204 1523 f 214 594 5479  
[www.csicoverage.com](http://www.csicoverage.com)



**Insurance Proposal**

Proposed Insured: National Pastime Sports LLC

Effective Dates: 04/28/10-09/12/10

**Section I: Commercial Liability**

Carrier: New Hampshire Insurance Company/ National Union Fire Insurance Company  
Coverage: Commercial General Liability  
Deductible: None

\$5,000,000 Each Occurrence Limit  
\$5,000,000 General Aggregate Limit  
\$5,000,000 Products-Completed Operations Aggregate Limit  
\$5,000,000 Personal and Advertising Injury Limit  
\$ 300,000 Damage to Premises Rented to You  
\$ 5,000 Medical Payments

**\$ 2590 Total Cost**

I have reviewed and agree with the coverage terms I am purchasing

Agreed & Accepted: X \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SEE THE FOLLOWING PAGE(S) FOR CONDITIONS, ENDORSEMENTS, AND EXCLUSIONS**

**Notable Exclusions Include (but are not limited to):**

**Nuclear Energy, Collapse of Temporary Structures, Field of Entertainment, Fireworks/Pyrotechnics, Professional Liability, Assault and/or Battery, Securities and Financial Interest, Service of Suit, Stunt Exclusion, Total Lead, TRIA Disclosure**

**Specimen policies with full exclusions are available upon request**

**CLIENT PAY OPTIONS  
THESE ARE THE ONLY PAYMENT METHODS WE ACCEPT**

**Option 1: FOR CREDIT CARD ORDERS ONLY, PLEASE FOLLOW THESE INSTRUCTIONS EXACTLY**

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Complete, sign and return the authorization information below. Your policy can't be issued until we receive the authorization. By signing below I authorize SC Holdings, LLC to charge my credit card the below amount. I understand that this amount is 100% earned and is non-refundable.

**PLEASE NOTE THAT ONCE CERTIFICATES HAVE BEEN ISSUED AND THE POLICY IS BOUND IT CANNOT BE CANCELED**

Insured Name: National Pastime Sports LLC

Contact Name:  Telephone:

Email:

Name on Charge Card:

(Please check one)  VISA  AMERICAN EXPRESS  MASTER CARD  DISCOVER

Card #:

Expiration Date:  CVN#:

Billing Address:

City:  State:  Zip:

Payment Amount: \$ 2590 + Mandatory 3% Processing Fee: \$ 77.70

= Total Charged: \$ 2667.70 **\*\*\*PLEASE FAX BACK TO 214-594-5479 \*\* \***

\*CVN (Card Verification Number) – The last 3 numbers on the back of your credit card; except American Express where the number is 4 digits located on the front of your card.

Cardholder Signature:  Date:

**If cardholder is different from contact/person insured complete the following:**

What is the relationship between them

Telephone number of the card holder: