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**SP-B**

**OFFICE OF INSURANCE REGULATION**

**KEVIN M. MCCARTY**  
COMMISSIONER

**IN THE MATTER OF:**

**SINCLAIR INSURANCE COMPANY, LTD.,**

**N.M. SIMS MANAGEMENT LTD.,**

**Case No. 86498-06**

**UE No. 6829**

**MICHAEL REEVES, an individual, and**

**SHAY J. RECHES, an individual,**

**Respondents.**

**IMMEDIATE FINAL ORDER**

To:

Sinclair Insurance Company, Ltd,  
N.M. Sims Management Ltd, Michael  
Reeves, and Shay J. Reches  
1901 60th Place East  
Suite L7016  
Bradenton, Florida 34203

and

P.O. Box 1021 Surry Hills  
NSW 2010, Australia

and

c/o Chief Financial Officer,  
State of Florida

**THIS CAUSE** having come on to be heard by and through the  
Commissioner of the Office of Insurance Regulation against the

afore-referenced entities and individual, and having been fully informed in the premises,

**NOW THEREFORE**, it is hereby **FOUND** as follows:

1. The Office of Insurance Regulation of the Financial Services Commission (the "Office") has jurisdiction over the parties and the subject matter pursuant to §§ 120. 120.569(2)(n) [Decisions which affect substantial interest], 624.307 [General Powers], 624.310 [Enforcement], 624.317 [Investigation of agents, adjusters, administrators, service companies and others], 626.8805 [Certificate of authority required to act as an administrator], 629.901 [Representing or aiding unauthorized insurer prohibited], 626.885 [Notice; statement of charge or premium for coverage], Florida Statutes. As a result of alleged violations by the Respondents of the Florida Insurance Code, the Office has caused an investigation to be made of the insurance-related activities of the Respondents.

2. Michael Reeves is a customer service representative of Sinclair Insurance Company Limited ("Sinclair") or of N.M. SIM Management Ltd ("SIM"), or both. See attached affidavit of Ernest Ulrich.

3. Shay J. Reches is a customer service representative of Sinclair or of SIM, or both. See attached affidavit of Ernest Ulrich.

4. On April 9, 2006, Ernest Ulrich, a resident of the

State of Florida, from his office address in Tallahassee, Florida, and listing his address as 200 East Gaines Street, Tallahassee, Florida, 32399, applied for professional liability insurance with Sinclair and SIM, see attached affidavit of Ernest Ulrich.

5. On April 9, 2006, Michael Reeves, representing himself to be a "Customer Service" employee of Sinclair and SIM responded to Ernest Ulrich's request for a professional liability insurance quote, offering to answer any questions that Ernest Ulrich might have about Sinclair, SIM or the insurance quote, see attached affidavit of Ernest Ulrich.

6. On or about April 21, 2006, Ernest Ulrich was furnished a quote for professional liability insurance from Sinclair and SIM, see attached affidavit of Ernest Ulrich.

7. On June 16, 2006, Ernest Ulrich, a resident of the State of Florida, from his office address in Tallahassee, Florida, and listing his address as 200 East Gaines Street, Tallahassee, Florida, 32301, applied for amusement park ride liability insurance with Sinclair and SIM, see attached affidavit of Ernest Ulrich.

8. On June 16, 2006, Michael Reeves, again representing himself to be a "Customer Service" employee of Sinclair and SIM responded to Ernest Ulrich's request for an amusement park ride liability insurance quote, offering to answer any questions that

Ernest Ulrich might have about Sinclair, SIM or the insurance quote, see attached affidavit of Ernest Ulrich.

9. Also on June 16, 2006, Shay J. Reches, representing himself to be a "Customer Service" employee of Sinclair and SIM responded to Ernest Ulrich's request for an amusement park ride liability insurance quote, setting forth the terms of insurance and conditions and offering to answer any questions that Ernest Ulrich might have, see attached affidavit of Ernest Ulrich.

10. On or about June 16, 2006, Ernest Ulrich was again furnished a quote, this time for amusement park ride liability insurance from Sinclair and SIM, see attached affidavit of Ernest Ulrich.

11. None of Sinclair, SIM, Michael Reeves, nor Shay J. Reches is certified, licensed or otherwise approved, or authorized to offer to sell or sell, or otherwise engage in the business of insurance in Florida. See attached affidavit of Ernest Ulrich and attached certification by the Commissioner of Insurance for the State of Florida, Kevin M. McCarty.

12. None of Sinclair, SIM, Michael Reeves, nor Shay J. Reches is subject to any exception to the requirements of the Florida Insurance Code for a license or Certificate of Authority or other appropriate license to engage in the business of insurance in Florida, see attached certificate as of June 16, 2006, by the Commissioner of Insurance, Kevin M. McCarty.

13. Despite the lack of license or approval or other authorization to engage in the business of insurance in Florida, respondents Sinclair, SIM, Michael Reeves, and Shay J. Reches have engaged and continue to engage, and will continue to engage in the business of insurance in Florida.

14. Section 624.401(1), Florida Statutes, provides:

(1) No person shall act as an insurer, and no insurer or its agents, attorneys, subscribers, or representatives shall directly or indirectly transact insurance, in this state except as authorized by a subsisting certificate of authority issued to the insurer by the office, except as to such transactions as are expressly otherwise provided for in this code.

15. Section 626.901, Florida Statutes, provides:

(1) No person shall, from offices or by personnel or facilities located in this state, or in any other state or country, directly or indirectly act as agent for, or otherwise represent or aid on behalf of another, any insurer not then authorized to transact such insurance in this state in:

(a) The solicitation, negotiation, procurement, or effectuation of insurance or annuity contracts, or renewals thereof;

(b) The dissemination of information as to coverage or rates;

(c) The forwarding of applications;

(d) The delivery of policies or contracts;

(e) The inspection of risks;

(f) The fixing of rates;

(g) The investigation or adjustment of claims or losses; or

(h) The collection or forwarding of premiums; or in any other manner represent or assist such an insurer in the transaction of insurance with respect to subjects of insurance resident, located, or to be performed in this state.

16. Section 624.310(3), Florida Statute, provides:

(3) Cease and desist orders.--

(a) The department or office may issue and serve a complaint stating charges upon any licensee or upon any affiliated party, whenever the department or office has reasonable cause to believe that the person or individual named therein is engaging in or has engaged in conduct that is:

1. An act that demonstrates a lack of fitness or trustworthiness to engage in the business of insurance, is hazardous to the insurance buying public, or constitutes business operations that are a detriment to policyholders, stockholders, investors, creditors, or the public;
2. A violation of any provision of the Florida Insurance Code; . . .

17. Section 626.9581, Florida Statutes, provides:

If it is determined that the person charged has engaged in an unfair or deceptive act or practice or the unlawful transaction of insurance, the department or office shall also issue an order requiring the violator to cease and desist from engaging in such method of competition, act, or practice or the unlawful transaction of insurance.

18. Sinclair, SIM, Michael Reeves, and Shay J. Reches.

acting together have engaged in the unauthorized transaction of insurance in the State of Florida in violation of Sections 624.401(1) and 626.901, Florida Statutes, requiring the Office to issue an order to each violator to cease and desist from engaging in such unlawful transaction of insurance. § 626.901(5), Fla. Stat.

19. Pursuant to § 120.569(2)(n), Florida Statutes, the Commissioner of the Office of Insurance Regulation finds that the continued transaction of insurance without licensure by any of the Respondents and the continued violations of the Florida

Insurance Code, as cited above, constitutes an immediate danger to the public welfare so as to require the issuance of this Immediate Final Order. Further, the Commissioner of the Office of Insurance Regulation finds that the continued involvement of Respondents Michael Reeves and Shay J. Reches to market an unauthorized insurance entity, not only presents a grave danger to the public, but also is a willful, civil and criminal, violation of the Insurance Code pursuant to § 629.901, Florida Statutes.

Accordingly, **IT IS HEREBY ORDERED:**

A) The Respondents - Sinclair, SIM, Michael Reeves, and Shay J. Reches - whether acting in or outside the State of Florida as insurance agents, insurance agencies, insurance adjusters, third-party administrators, managing general agents, or otherwise engaging in the business of insurance, either directly or indirectly through named and unnamed persons, entities, agents, or otherwise, shall forthwith **CEASE AND DESIST** from the transaction of any new or renewal insurance business as or on behalf of unauthorized insurers. Further, the Respondents, whether acting in or outside the State of Florida, either directly or indirectly through named and unnamed persons, entities, agents, or otherwise, shall forthwith **CEASE AND DESIST** from the transaction of any new or renewal insurance business as or on behalf of authorized or unauthorized insurers.

B) The Respondents shall forthwith notify, in writing, each and every agent, broker, salesperson, and other marketing outlet that is presently or that has in the past been used to solicit, sell, or deliver any unauthorized product in Florida, of the cessation of this portion of their Florida business because they are either unlicensed as an administrator or in connection with marketing an unauthorized product, and due to this Immediate Final Order shall also inform such persons and entities that no further applications will be accepted or contracts issued. Respondents shall further direct each and every agent, broker, salesperson, and other marketing outlet, in writing, to forthwith offer to replace the health coverage of each client, consumer, and person or entity afforded coverage under any of their unauthorized policies, contracts, or plans with substantially comparable coverage provided by a Florida licensed insurer. The Respondents shall furnish for approval or edit a draft of such notification to the Office of Insurance Regulation within seven (7) business days of this Immediate Final Order. Respondents shall thereafter, within seven (7) business days of receipt by mail or by fax of the Office of Insurance Regulation's approval or edits, mail such letter (in revised form if edited by the Office) to all such agents, brokers, salespersons, and other marketing outlets, and shall immediately thereafter file the sworn attestations of Michael Reeves and

Shay J. Reches and of an officer or director of each of Sinclair and SIM that there has been full compliance with this provision.

C) The Respondents shall forthwith notify in writing each Florida insured, and each applicant, of any unauthorized policy, contract, plan, or other product of the cessation of Respondents' business in Florida because it is an unlicensed entity or because it has marketed an unauthorized product, as appropriate. Due to this Immediate Final Order each such insured or applicant should immediately obtain insurance coverage from an insurer licensed or authorized by the State of Florida. The Respondents shall furnish for approval or edit a draft of such notification to the Office of Insurance Regulation within seven (7) business days of this Immediate Final Order. They shall, within seven (7) business days of receipt by mail or by fax of the Office of Insurance Regulation's approval or edits, mail such notice (in revised form if edited by the Office) to each such insured or applicant, and shall immediately thereafter file the sworn attestations of Michael Reeves, Shay J. Reches and an officer or director of each of Sinclair and SIM, that there has been full compliance with this provision.

D) The Respondents shall, within fifteen (15) calendar days from the date hereof, deliver to the office of Insurance Regulation a list of each Florida resident who has applied for or been issued any insurance policy or product within the three

(3) years immediately prior to the date of this Immediate Final Order. Such list shall include the name, address and other contact information for each applicant and insured, and for each insured the type of policy or product procured or sold or both. This list shall be accompanied by the sworn attestations of Michael Reeves, Shay J. Reches and an officer or director of each of Sinclair and SIM, that they conducted a diligent search of all of the records within the actual or constructive control of and of the Respondents, and that the materials delivered to the Office in compliance with this provision, truly and correctly provide the most accurate information available to Respondents after diligent search.

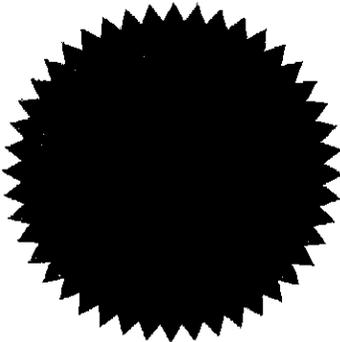
E) The Respondents, shall, within fifteen (15) calendar days from the date hereof, deliver to the Office of Insurance Regulation a full and complete accounting of all premiums, "contributions", "membership fees" and "association" dues collected, and claims paid or incurred, since the inception of their marketing operation complained of within this Order related to any Florida resident. This accounting shall include, but is not limited to, the identity of each insurer for whom premiums were collected.

F) This Immediate Final Order, or any amendment to it, shall not be interpreted as having, nor shall it have, the effect of abrogating any statutory, common law, or contractual rights of

any subscriber, member, beneficiary, or person afforded coverage under any contract, policy, or plan policy or contract, or of any person that furnished goods or services pursuant to or in reliance upon the existence of a contract, policy, or plan with, from, or involving the Respondents.

G) The issuance of this Immediate Final Order and the procedural safeguards set forth in the Notice of Rights are concluded to be fair under the circumstances due to the potential grave harm resulting from unauthorized insurance persons or entities engaging in the business of insurance in Florida, as well as the marketing of unauthorized insurance within the State of Florida. Procedures set forth afford the Respondents the opportunity to request a proceeding pursuant to Section 120.57, Florida Statutes.

**DONE and ORDERED** this 31ST day of JULY, 2006.



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Kevin M. McCarty  
Commissioner  
Office of Insurance Regulation

**NOTICE OF RIGHTS**

Any party to these proceedings adversely affected by this Order is entitled to seek review of this Order pursuant to Section 120.68, Florida Statutes, and Rule 9.110, Fla.R.App.P. Review proceedings must be instituted by filing a petition or notice of appeal with the General Counsel of the Office of Insurance Regulation, acting as the agency clerk, at 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0333, and a copy of the same with the appropriate district court of appeal, within thirty (30) days of rendition of this Order.

All correspondence or requests for hearing should contain the case number and/or style of the case as listed on page one of this Order.

# State of Florida



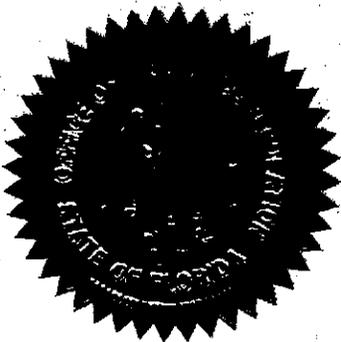
## OFFICE OF INSURANCE REGULATION Tallahassee, Florida

I, the undersigned, Commissioner of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 16<sup>th</sup> Day of June, 2006

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following companies or individuals currently hold, nor have ever been granted a **CERTIFICATE OF AUTHORITY** from the OFFICE authorizing the company or individual to transact health insurance, property and casualty insurance, liability insurance, workers' compensation insurance, or to conduct insurance business in any capacity; nor is any of the following companies or individuals registered with the Florida Surplus Lines Service Office as an eligible surplus lines insurance carrier:

Sinclair Insurance Company, Limited  
Sinclair Insurance Company Limited  
N.M. SIM Management, Limited  
N.M. SIM Management Limited  
Michael Reeves  
Shay J. Reeves



IN TESTIMONY WHEREOF, I hereto  
subscribe my name, and affix the Seal of  
my Office, at Tallahassee, the day and year  
first above written.

Commissioner, Office of Insurance Regulation

STATE OF FLORIDA  
OFFICE OF INSURANCE REGULATION

IN THE MATTER OF:

SINCLAIR INSURANCE COMPANY, LTD.,

N.M. SIMS MANAGEMENT LTD., and

MICHAEL REEVES, an individual,

Respondents.

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AFFIDAVIT IN SUPPORT OF IMMEDIATE FINAL ORDER

STATE OF FLORIDA

COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared Ernest Ulrich, who, being duly sworn, deposes and says:

1. My name is Ernest Ulrich. I am over the age of eighteen (18) years and a resident of Tallahassee, Leon County, Florida. I am a Senior Management Analyst in the Unauthorized Entities Section of the Market Investigations of the Florida Office of Insurance Regulation and have been so employed since 1990.

2. As part of my employment duties, I accessed the website for Sinclair Insurance Company ("Sinclair") Limited during the period from April 9, 2006 to June 16, 2006.

3. From my office in Florida, and providing to Sinclair my office address in Tallahassee, Florida, I applied for insurance quotes on April 9, 2006 and on June 16, 2006.

4. As a result of my first application, I received an e-mail from Michael Reeves on April 9, 2006, a true and correct copy is attached as exhibit A to this affidavit.

5. On April 21, 2006, as a result of my first application, and after informing Sinclair that I was a resident of Florida, I was issued a quotation for insurance in Florida, a true and correct copy is attached as exhibit B to this affidavit.

6. As a result of my second application, on June 16, 2006, I received an e-mail from Michael Reeves and an e-mail from Shay J. Reches, a true and correct copy of each e-mail is attached as exhibit C and D, respectively to this affidavit

7. On June 16, 2006, again as a result of my application, and after informing Sinclair that I was a resident of Florida, I was issued a quotation for insurance in Florida, a true and correct copy is attached as exhibit D to this affidavit.

8. I have personal knowledge, based on my personal inquiry into the licensing records of the Florida Office of Insurance Regulation and of the Department of Financial Services that none of Sinclair Insurance Company Limited, N.M. SIM Management Ltd, nor Michael Reeves is licensed or otherwise approved or authorized to offer to sell or sell or otherwise engage in the business of insurance in Florida.

9. As of the date of this affidavit, the website used by Sinclair and SIM to solicit business from Florida residents is active and conducting business.

FURTHER AFFIANT SAYETH NAUGHT.

~~Ernest Ulrich~~  
Ernest Ulrich

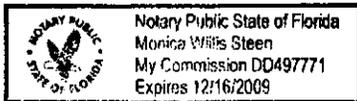
STATE OF FLORIDA  
COUNTY OF LEON

The foregoing affidavit was sworn to and subscribed before me this 16 day of June, 2006, by Ernest Ulrich.

Personally known to me

Identification Produced

SWORN AND SUBSCRIBED, before me this 16 day of June, 2006.



~~Notary Public~~  
Notary Public

**Ernie Ulrich**

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**From:** Sinclair Insurance [info@sinclairpremium.com]  
**Sent:** Sunday, April 09, 2006 2:40 AM  
**To:** Ernie Ulrich  
**Subject:** Your E-mail April 8, 2006

Dear Mr. Ulrich,

Thank you for your interest in Sinclair Insurance.

We are an off-shore company and do not have an office or representative in Florida or anywhere else in the US. Our 305 phone number is solely for our customers' convenience and to allow them to leave us phone messages. If you need it, more information is available at our website, [www.sinclairpremium.com](http://www.sinclairpremium.com).

Should you have further questions, please do not hesitate to contact us.

Sincerely,

Michael Reeves  
Customer Service  
Sinclair Insurance Company Limited  
by N.M. SIM Management Ltd., Authorized Representatives

>From the USA and other countries:  
Phone: 1 (305) 675 8066  
Fax: 1 (305) 675 0894

>From Australia:  
Phone: (02) 947 55002  
Fax: (02) 947 50969

E-mail: [info@sinclairpremium.com](mailto:info@sinclairpremium.com)  
URL: [www.sinclairpremium.com](http://www.sinclairpremium.com)



AD



### Your Professional Liability Insurance Quote

#### Inspector

Please find the annual premium for your Inspector's professional liability insurance calculated on the information you provided:

**Quote Proposal # IL060421153509**  Modify

**Applicant: Ernest Ulrich (ernie.ulrich@dfs.com)**

**Quote valid until: Sunday, May 21, 2006**

**Annual Premium**

**Inspector Professional Liability Insurance Coverage      US\$919.80**

Limit per Claim: US\$500,000

Aggregate Limit: US\$500,000

Deductible (Each Occurrence/Each Claimant): US\$2,500

Limited to Practice in: United States of America

You may pay your annual premium in  
12 consecutive monthly installments of \$93.97\* each.

**Buy this insurance coverage by filling the application form**  
After filling the application form, we will issue online your **Certificate of Insurance** and  
provide links to the information about the payment methods (Credit Card or PayPal).

**Application Form**

\* Monthly installment includes accrued interest and administration cost



**14-Day Satisfaction Guarantee**  
Sinclair Insurance you can trust  
We will give you 14 days to cancel your insurance policy if you are not completely satisfied with your coverage, simply email, fax or inform us by filling the online form within 14 days of your policy start date.

We will cancel you any premium you and no questions asked. Satisfaction Guarantee that no claim and might evolve into a claim submitted during the policy term.

#### The insurance coverage includes:

- Public liability protection
- Legal and other claim related expenses
- Legal defense against allegations of abuse, assault and sexual misconduct for up to 10% of your chosen limits
- Legal defense against allegations of discrimination for up to 10% of your chosen limits
- This coverage is limited to practice in United States of America and our quote is valid for 30 days.

This information was sent to your email address for confirmation and printing purposes.

**Buy this insurance coverage by filling the Application Form for Inspector Liability Insurance**

**Request More Information**

Sinclair Insurance Company Ltd., by N.M. SIM Management Ltd, Authorized Representatives  
ABN 13267191473 - Serving all States

From the US: 24 hours Phone Messaging - General: (305) 675 8066 - Claims: (305) 832 5700 - Fax (305) 675 0894  
Mailing Address: 1901 60th Place E., Suite L7016, Bradenton, FL 34203, USA

From Australia: 24 Hours Phone Messaging - General & Claims: (02) 9475 5002 - Fax (02) 9475 0969  
Mailing Address: P.O. Box 1021, Surry Hills, NSW 2010, Australia

From all other countries: 24 hours Phone Messaging + 1 305 675 8066 - Claims: + 1 305 832 5700 - Fax +1 305 675 0894



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10/1/2006

Please verify the information in this document. If you wish to make any corrections or changes, please notify us immediately.

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Ernest Q Ulrich  
 200 East Gaines Street  
 Tallahassee, Florida 32399  
 United States of America

|                |          |
|----------------|----------|
| Net Premium:   | \$919.80 |
| Fees:          | \$0.00   |
| Total Premium: | \$919.80 |

Inspection of Residential/Commercial Properties For Buyers or Lenders

|                  |            |
|------------------|------------|
| Total Charges:   | \$207.84   |
| Total Premium:   | \$1,127.64 |
| Monthly Payment: | \$83.97    |

Once we have accepted your contract and you have made your premium payment, this Certificate of Insurance, along with the Policy Wording, becomes your Insurance Contract.

|             |                |
|-------------|----------------|
| Valid From: | 21 April, 2006 |
| Until:      | 20 April, 2007 |

**Chapter 12: Third Party Liability:**

Limits per claimant and event: \$500,000.00

Aggregate: \$500,000.00

Limits stated are for Bodily Injury & Property Damage Combined

**Chapter 15: Professional Indemnity and E&O Liability:**

Limits per claimant and event: \$500,000.00

Aggregate: \$500,000.00

Limits stated are for Bodily Injury & Property Damage Combined

**Additional Features Covered When You Buy This Inspectors Liability Insurance:**

The Company's liability under this policy is extended to include the Insured liability resulting of the:

- Legal and other claim related expenses.
- Legal defense expenses made for the defense against allegations of abuse, assault and sexual misconduct, up to 10% of the Insured Limits of Insurance.
- Legal defense expenses made for the defense against allegations of discrimination, up to 10% of the Insured Limits of Insurance.

**The Following Excesses/Deductibles Apply:**

For each claimant for each claim: \$2,500.00

There is no aggregate sum for excesses/deductibles.

**Retroactive Date:**

The following Retroactive Date applies to this policy: 0 year(s) prior to commencement date

It is agreed and declared, that subject to the terms, conditions and declarations contained in the Policy Wording and the application submitted by the Insured, the coverage under Chapter 15 (Professional Indemnity & E&O Liability) is extended to cover claims made during the period of insurance which result from occurrences that took place prior to the date of commencement of this policy but later than the Retroactive Date stated herein.

The Insurer Providing Coverage:  
 Sinclair Insurance Company Limited Reg. #L2001  
 Website: [www.sinclairpremium.com](http://www.sinclairpremium.com)

Authorized Representative: N.M. SIM Management Limited  
 Tel: 1 (305) 675 8066 Fax: 1 (305) 675 0894  
 Email: [info@sinclairpremium.com](mailto:info@sinclairpremium.com)



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Please verify the information in this document. If you wish to make any corrections or changes, please notify us immediately.

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**Long Tail Claims Extension:**

Number of years for future claims: 0 year(s)

It is agreed and declared, that subject to the terms, conditions and declarations contained in the Policy Wording and the application submitted by the Insured, the coverage under Chapter 15 (Professional Indemnity & E&O Liability) and Chapter 12 (Third Party Liability) is extended to cover claims made after the expiration of the period of insurance which result from occurrences that took place during the period of insurance of this policy but later than the Number of Years for future claims stated herein. The precise calculation of the extended period will be made by adding to the "year" number in the expiration date of this policy the Number of Years for future claims stated herein.

**Additional Inspectors Included in this policy:**

Number of additional inspectors included in this policy: 0 Inspector

It is agreed and declared, that subject to the terms, conditions and declarations contained in the Policy Wording and the application submitted by the Insured, the coverage under this policy is extended to cover additional Inspectors, employed by or on behalf of the Insured as subcontractors. Employing a greater number of Inspectors than reported herein may subject this policy to under insurance clause.

**Additional Administrative Employees Included in this policy:**

Number of additional inspectors included in this policy: 0 Employee

It is agreed and declared, that subject to the terms, conditions and declarations contained in the Policy Wording and the application submitted by the Insured, the coverage under this policy is extended to cover additional administrative employees, employed by or on behalf of the Insured as subcontractors. Employing a greater number of Inspectors than reported herein may subject this policy to under insurance clause.

**Special Amendment (Inspectors):**

It is declared, conditioned and agreed that in the Exceptions section of Chapter 12 (Third Party Liability), Section B(4), Sub-sections (a), (b), (d) and (e) are cancelled and void.  
All other terms and conditions remain unchanged.

**Policy Wording:**

The complete policy wording (Wording Numbered 112-004) is available at [http://www.sinclairpremium.com/pdf/comprehensive\\_liability\\_insurance\\_policy.pdf](http://www.sinclairpremium.com/pdf/comprehensive_liability_insurance_policy.pdf). You may view, print, download or save the Policy Wording at your convenience.

**You Can Pay Your Premium by Credit Card, PayPal or by Check**

Access your account on [www.sinclairpremium.com](http://www.sinclairpremium.com) and follow the instructions

**Territorial Scope and Agreed Jurisdiction:**

Territorial scope: United States of America

Agreed jurisdiction: United States of America

**Various Disclosures:**

- If any Government Charges apply, they have already been added to your premium
- Your Duty of Disclosure: We rely upon the information you provided to us when you applied for insurance, when you renew, change or reinstate your policy. You must tell us anything that you know, that could affect our decision to insure you and/or the terms on which we insure you. When we ask you specific questions, you must answer them truthfully and in a way that a reasonable person in the circumstances would answer them.

The Insurer Providing Coverage:  
Sinclair Insurance Company Limited Reg. #L2001  
Website: [www.sinclairpremium.com](http://www.sinclairpremium.com)

Authorized Representative: N.M. SIM Management Limited  
Tel: 1 (305) 675 8066 Fax: 1 (305) 675 0894  
Email [info@sinclairpremium.com](mailto:info@sinclairpremium.com)

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Please verify the information in this document. If you wish to make any corrections or changes, please notify us immediately.

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You do not need to tell us anything that reduces our risk, is of common knowledge, we know, or as insurer should know, or we indicate we do not want to know. These requirements are part of the Insurance Practice. Failing to comply with this duty may result in our refusing to pay your claim, reduce our liability, cancelling your policy and/or refer to your policy as never being in effect.

- Sinclair Insurance Company Limited (We) are registered under the International Insurance Act (2004) in the Autonomous Isle of Anjouan, Union of Comoros, and regulated by the Republic of Anjouan International Insurance Commissioner and the Offshore Financial Authority. We have set local facilities to assist you when you need us, such as local loss adjusters, local jurisdiction (view the Policy Wording to find more information).

**Policyholder Declaration:**

- The policyholder has not been revoked, suspended, refused, cancelled or voluntarily surrendered from any of the following:
  - a. State license, certification, or registration
  - b. Malpractice insurance
  - c. Public liability insurance
- No claim or suit for alleged malpractice or public liability been brought against the policyholder and the policyholder is not aware of any incident that might reasonably lead to such claim or suit.
- Policyholder has never been convicted (as an adult) of a felony and there isn't any such case pending.
- No complains or charges were brought against the policyholder by any licensing board or professional ethics body.

Policyholder had read and agreed to the above statements



Issued and signed on April 21, 2006  
 by N.M. SIM Management Limited for:

**Sinclair Insurance Company Limited**

The Insurer Providing Coverage:  
 Sinclair Insurance Company Limited Reg. #L2001  
 Website: [www.sinclairpremium.com](http://www.sinclairpremium.com)

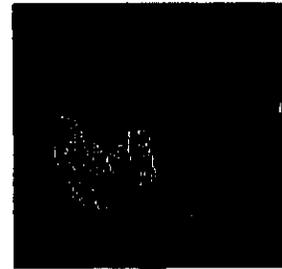
Authorized Representative: N.M. SIM Management Limited  
 Tel: 1 (305) 675 8066 Fax: 1 (305) 675 0894  
 Email [info@sinclairpremium.com](mailto:info@sinclairpremium.com)

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### Inspector Liability Insurance Payment

Thank you for deciding to purchase Sinclair Insurance Company Limited (The Company) Professional Liability Insurance. In order to finalize this transaction you should now make your premium payment. Your policy will not be valid until you do so. To modify your information please click on the "Modify" button. To pay online through your PayPal account or by credit card please click on the button "Pay Now".



Policy [Modify](#)

**Insured: Ernest Ulrich**  
**Inspector Professional Liability Insurance Coverage**

**Annual Premium: \$919.80**  
 Or 12 monthly installments of \$93.97\* each

|   |  |
|---|--|
| <b>Ernest Q Ulrich</b><br>200 East Gaines Street<br>Tallahassee, Florida 32399, United States<br>of America<br>Email: ernie.ulrich@dfs.com<br>Phone: (850) 413-2487 | <b>Limit of Liability per Claim:</b><br><b>\$500,000</b><br><b>Aggregate Limit: \$500,000</b><br><b>Deductible: \$2,500</b><br><b>Limited to Practice In: United States of America</b> |
|---|--|

Your Practice: Inspection of Residential/Commercial Properties For Buyers or Lenders,

\* Monthly installment includes accrued interest and administration cost

**14-Day Satisfaction Guarantee**  
Sinclair Insurance, the company we will give you 14 days to review your plan. If for any reason, you are not satisfied with your coverage, simply email, fax or inform us of your decision online [Contact Form](#) within 14 days of your Policy.

We will cancel your plan and refund you have paid. No hassle and no cost. The 14-Day Satisfaction Guarantee that no claim and no incident that a claim were submitted during or

**Pay Now Online by Credit Card or your PayPal Account**

To buy your Liability Insurance for **US\$919.80** (or 12 x \$93.97), please click on the "Pay Now Online" button. On the next page, you will find all information about our secure online credit card and PayPal payment system.

[Pay Now Online](#)

**IMPORTANT: Your Certificate of Insurance**

[View and print your Certificate of Insurance.](#)

Your Certificate of Insurance was sent to the email address provided in your Application Form.

Your policy period will commence on the date the premium has been paid in full. If we do not receive your payment within 14 days, this file will be automatically closed, and you will not be charged for it.

Sinclair Insurance Company Ltd., by N.M. SIM Management Ltd, Authorized Representatives  
ABN 13267191473 - Serving all States  
From the US: 24 hours Phone Messaging - General: (305) 675 8066 - Claims: (305) 892 5700 - Fax (305) 675 0694  
Mailing Address: 1901 60th Place E., Suite L7016, Bradenton, FL 34203, USA

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From Australia: 24 Hours Phone Messaging - General & Claims: (02) 9475 5002 - Fax (02) 9475 0969  
Mailing Address: P.O. Box 1021, Surry Hills, NSW 2010, Australia  
From all other countries: 24 hours Phone Messaging + 1 305 675 8086 - Claims: + 1 305 832 5700 - Fax +1 305 675 0894

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**Ernie Ulrich**

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**From:** Sinclair Insurance [info@sinclairpremium.com]  
**Sent:** Friday, June 16, 2006 1:59 PM  
**To:** Ernie Ulrich  
**Subject:** Amusement Rides Liability Insurance  
**Attachments:** AR060616125832.pdf

Dear Mr. Ulrich,

Thank you for deciding to purchase Sinclair Amusement Rides Liability Insurance. In order to finalize this transaction you should now make your premium payment. Your policy will not be valid until you do so.

Attached please find your Amusement Rides Certificate of Insurance\*.

Policy Number: AR060616125832  
Policy Period: 17 June, 2006 to 16 June, 2007  
Total Premium of \$17,146.96

You may pay your annual premium in 6 consecutive monthly installments of \$3,429.39 each. Each monthly installment includes accrued interest and administration cost.

**Premium Payment**

You can pay for this insurance online by credit card or PayPal at [Secured Online Payment](#) or by wire transfer for the amount of \$17,146.96

**Your Certificate of Insurance**

You can view, print and download your certificate of insurance by clicking on this link: [Your Certificate of Insurance](#).

**Policy Wording**

You can view, print and download the complete Policy Wording by clicking on this link: [Policy Wording](#)

**14-Day Satisfaction Guarantee**

If for any reason, you are not completely satisfied with your coverage, simply notify us by email, fax or inform us of your decision by filling the online Contact Form within 14 days of commencement of your policy period.

We will cancel your plan and refund any premium you have paid. No hassle and no questions asked. The 14-Day Satisfaction Guarantee is conditional that no claim and no incident that might evolve into a claim were submitted during or for that period.

*\*PDF Viewer:* In order to view Adobe Acrobat PDF documents, you must download and install Adobe Acrobat Reader. This free plug-in is available for [download from the Adobe web site](#)

If you have any question, please [Contact Us](#).

Sincerely,



6/16/2006

Michael Reeves  
Underwriting  
Sinclair Insurance Company Limited  
by N.M. SIM Management Ltd., Authorized Representatives

>From the USA and other countries:

Phone: 1 (305) 675 8066

Fax: 1 (305) 675 0894

>From Australia:

Phone: (02) 947 55002

Fax: (02) 947 50969

E-mail: [info@sinclairpremium.com](mailto:info@sinclairpremium.com)

Website: [www.sinclairpremium.com](http://www.sinclairpremium.com)



## Thank You – Here is your Insurance Quote

Please verify the details of your personalized quote. If you have any questions about this rate, please contact us at [info@sinclairpremium.com](mailto:info@sinclairpremium.com) or call us at 1-305-675-8066.

|   |                    |               |
|---|--------------------|---------------|
| <b>Quote Proposal # AR060616125832</b>  |                    | <b>Modify</b> |
| Starting date: <b>17 June, 2006</b>   |                    |               |
| <b>Annual Premium</b>   |                    |               |
| <b>Amusement Ride Rental/Operator Liability Insurance Coverage</b>  | <b>\$17,146.96</b> |               |
| Insured: <b>Ernest Ulrich</b>   |                    |               |
| Limit per Claim: <b>\$1,000,000</b>   |                    |               |
| Aggregate Limit: <b>\$1,000,000</b>   |                    |               |
| Deductible per Claimant: <b>\$5,000</b>   |                    |               |
| Or pay 6 monthly installments of <b>\$3,429.39*</b> each  |                    |               |
| <b>Buy this insurance coverage now</b>  |                    |               |
| To buy your Insurance, please click on the "Purchase" button. <b>Your Insurance coverage will be effective on 17 June, 2006 and we will issue your Certificate of Insurance.</b> On the next page, you will find the information about the payment methods (Credit card, PayPal or Bank Transfer) and a downloadable copy of your Certificate of Insurance. |                    |               |
|   |                    |               |
| * Monthly installment includes accrued interest and administration cost   |                    |               |



**14-Day Satisfaction Guarantee**  
 Sinclair Insurance you can trust  
 We will give you 14 days to return your insurance plan if you are not completely satisfied with your coverage, simply email, fax or inform us by filling the online form within 14 days of purchase.

We will cancel your policy if you do not pay your premium by the due date and no questions asked. Satisfaction Guarantee: No claim and no loss might evolve into a claim submitted during the policy term.

|   |  |               |
|---|--|---------------|
| <b>Applicant Information</b>  |  | <b>Modify</b> |
| <b>Ernest O. Ulrich</b><br>200 East Gaines Street<br>Tallahassee, Florida 32301   | Email: <a href="mailto:ernie.ulrich@fdfs.com">ernie.ulrich@fdfs.com</a><br>Phone: 850 413 2414<br>Evening:<br>Fax: |               |
| <b>Company Information</b>  |  |               |
| <b>Company:</b><br>200 East Gaines Street<br>Tallahassee, Florida 32301   | Year established: 2006<br>Annual sales: Up to \$15,000<br>Number of employees: 0<br>Annual payroll: \$0            |               |
| <b>Business Activity</b>  |  |               |
| Amusement Rides Offsite Rental & Operation<br>Years in Business: 5<br>Onsite Operator: Yes<br>Issued Waiver: No<br>Animal Rides: No |  |               |
| <b>Equipment</b>  | <b>Number of Items you have in this Group</b>  |               |
| Gaming Booth, Karaoke Machine, Food & Beverage Machine (Popcorn,  | 3  |               |

|  |   |
|--|---|
| SnoCones, Margaritas, Hot Dog Steamer, Cotton Candy)   |   |
| Dunk Tank, Live Pony Ride, Spln Art, Tents (close and open), Balloon Typhoon   | 3 |
| Bouncer, Bounce House, Moon Bounce, Obstacle Course, Bungee Run, Wet/Dry Slide up to 14', Velcro Wall, Inflatable Climbing Wall, Gladiator Joust, Boxing Joust                       | 2 |
| Wet/Dry Slide 15' and Up, Inflatable Mountain, Inflatable Caterpillar, Sumo Wrestling, Inflatable Combo, Fast Pitch Radar Booth, Flight Simulators (electric/hydraulic), Rope Ladder | 0 |
| Orbitron, Sphere Ball, Inflatable Hosting Structures (Inflatable Tents)  | 5 |
| Climbing Wall, Bungee Trampoline, Psycho Swing   | 0 |
| Mechanical Bull, 4 in 1 Bungee Trampoline  | 0 |
| <b>Previous and other general/public liability insurance</b>   |   |
| Other Insurance: No  |   |

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Sinclair Insurance Company Ltd., by N.M. SIM Management Ltd, Authorized Representatives  
 ABN 13267191473 - Serving all States  
 From the US: 24 hours Phone Messaging - General: (305) 675 8066 - Claims: (305) 832 5700 - Fax (305) 675 0894  
 From Australia: 24 Hours Phone Messaging - General & Claims: (02) 9475 5002 - Fax (02) 9475 0969  
 Mailing Address: P.O. Box 1021, Surry Hills, NSW 2010, Australia  
 From all other countries: 24 hours Phone Messaging + 1 305 675 8066 - Claims: + 1 305 832 5700 - Fax +1 305 675 0894



### Easy Premium Payment with PayPal, Credit Card or Bank Transfer

For your convenience and security, please use this page to make your premium payments. Paying your insurance premium is easy through your own PayPal account or through PayPal secured Credit Cards payment.

To pay your premium by PayPal or credit card:

- **If you already have a PayPal account.** Please verify the Premium Amount. Then click on Pay Now. You will access the PayPal page where you will be able to log into your PayPal account and make your premium payment.
- **If you do not have a PayPal account.** Please verify the Premium Amount. Then click on "Pay Now". You will access the PayPal secured website. In the PayPal page, please click on the button "Click Here". You will access the PayPal Credit Card payment page (Visa, MasterCard, American Express or Discover) where you will be able to pay your insurance premium.



#### 14-Day Satisfaction Guarantee

**Sinclair Insurance you can trust**  
We will give you 14 days to cancel your insurance plan if you are not completely satisfied with your coverage, simply email, fax or inform us by filling the online form within 14 days of purchase.

We will cancel you any premium you pay and no questions asked. Satisfaction Guarantee: no claim and no loss might evolve into a claim submitted during the policy term.

▶ **View and print your Certificate of Insurance.**  
Your Certificate of Insurance was sent to the email address provided in your Application Form.

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**Reference #:** AR060616125832  
**Customer:** Ernest Ulrich  
**Insurance:** Amusement Rides Liability Insurance  
**Note:** Annual premium payment

|   |   |
|---|---|
| <p><b>Option 1</b><br/><b>Single Payment</b></p> <p>Amount: <b>US\$ 17,146.96</b></p>  <p><b>PAY NOW</b></p> | <p><b>Option 2</b><br/><b>6 Monthly Installments</b></p> <p>Amount: <b>6 x US\$ 3,429.39</b></p>  <p><b>PAY NOW</b></p> |
|---|---|

*If you do not have a PayPal account, you can still pay online using VISA, MasterCard, American Express or Discover credit cards.*

If you prefer to pay your premium by **bank transfer (not available for Teacher, Cosmetician, Therapist, Engineer, Architect and Travel Insurance)**, please contact us and we will forward our bank transfer information. Simply indicate that this is a request for a premium payment by bank transfer, indicate your name, policy number and the currency you wish to use (We accept US\$, AUS\$).

 In order to view Adobe Acrobat PDF documents, you must download and install Adobe Acrobat Reader. This free plug-in is available for [download from the Adobe web site](#)

Sinclair Insurance Company Ltd., by N.M. SIM Management Ltd, Authorized Representatives  
ABN 13267191473 - Serving all States

**From the US: 24 hours Phone Messaging - General: (305) 675 8066 - Claims: (305) 832 5700 - Fax (305) 675 0894**  
**From Australia: 24 Hours Phone Messaging - General & Claims: (02) 9475 5002 - Fax (02) 9475 0969**  
**Mailing Address: P.O. Box 1021, Surry Hills, NSW 2010, Australia**  
**From all other countries: 24 hours Phone Messaging + 1 305 675 8066 - Claims: + 1 305 832 5700 - Fax +1 305 675 0894**

Please verify the information in this document. If you wish to make any corrections or changes, please notify us immediately.

|  |       |                |          |     |
|--|-------|----------------|----------|-----|
|  | 00000 | Direct Algeria | 00056987 | USD |
|--|-------|----------------|----------|-----|

 Ernest O. Ulrich  
 Ernest O. Ulrich  
 200 East Gaines Street  
 Tallahassee32301  
 Algeria

|                |             |
|----------------|-------------|
| Net Premium:   | \$17,146.96 |
| Fees:          | \$0.00      |
| Total Premium: | \$17,146.96 |

 Ernest O. Ulrich  
 Ernest O. Ulrich  
 200 East Gaines Street  
 Tallahassee32301  
 Algeria

|                  |             |
|------------------|-------------|
| Total Charges:   | \$3,429.39  |
| Total Premium:   | \$20,576.35 |
| Monthly Payment: | \$3,429.39  |

**Once we have accepted your contract and you have made your premium payment, this Certificate of Insurance, along with the Policy Wording, becomes your Insurance Contract.**

|             |               |
|-------------|---------------|
| Valid From: | 17 June, 2006 |
| Until:      | 16 June, 2007 |

| Group Code | Rides Included in this Group Description  | Number of Rides/Items you have of this Group |
|------------|---|--|
| A          | Gaming Booth, Karaoke Machine, Food & Beverage Machine (Popcorn, SnoCones, Margaritas, Hot Dog Steamer, Cotton Candy)   | 3  |
| B          | Dunk Tank, Live Pony Ride, Spin Art, Tents (close and open), Balloon Typhoon  | 3  |
| C          | Bouncer, Bounce House, Moon Bounce, Obstacle Course, Bungee Run, Wet/Dry Slide up to 14', Velcro Wall, Inflatable Climbing Wall, Gladiator Joust, Boxing Joust                      | 2  |
| D          | Wet/Dry Slide 15' and Up, Inflatable Mountain, Inflatable Caterpillar, Sumo Wrestling, Inflatable Combo, Fast Pitch Radar Booth, Flight Simulators (electric/hydraulic), Rope Climb | 0  |
| E          | Chiffon, Sphere Ball, Inflatable Hosting Structures (Inflatable Tents)  | 5  |
| F          | Climbing Wall, Bungee Trampoline, Psycho Swing  | 0  |
| G          | Mechanical Bull, 4 in 1 Bungee Trampoline   | 0  |

**Amusement Rides Offsite Rental & Operation**
**Limits of Liability - Chapter 12, Third Party Liability:**

 Limits per claimant and event: **\$1,000,000**  
 Aggregate limit: **\$1,000,000**  
 Limits stated are for Bodily Injury & Property Damage Combined

**The Following Excesses/Deductibles Apply:**

 Chapter 12: In each & every event per single claimant **\$5,000**  
 There is no aggregated limit.

**Annual Turnover**

 Reported Annual Turnover (Estimated figure): **Up to \$15,000**  
 Annual Turnover changes the annual premium calculation in this policy. The Company reserves the right to demand the insured to provide an annual updated accurate figure of the Annual Turnover during the period of insurance and/or within the 6 months after the expiration of this policy and the Company may adjust the charged premium, and the insured will be entitled to pay additional amount or receive a refund - as the case may be.

 The Insurer Providing Coverage:  
 Sinclair Insurance Company Limited Reg. #L2001  
 Website: [www.sinclairpremium.com](http://www.sinclairpremium.com)

 Authorized Representative: N.M. SIM Management Limited  
 Tel: 1 (305) 675 8066 Fax: 1 (305) 675 0894  
 Email [info@sinclairpremium.com](mailto:info@sinclairpremium.com)

Please verify the information in this document. If you wish to make any corrections or changes, please notify us immediately.

|  |       |                |          |     |
|--|-------|----------------|----------|-----|
|  | 00000 | Direct Algeria | 00058987 | USD |
|--|-------|----------------|----------|-----|

**Special Amendment (Amusement Rides):**

It is declared, conditioned and agreed that

1. The Exceptions section of Chapter 12 (Third Party Liability), Section B(3), is extended, and at its end the following phrase is added: "other than the equipment listed in the Schedule &/or Certificate of Insurance".
2. The Exceptions section of Chapter 12 (Third Party Liability), Section B(4), Sub-sections (a), (b), (d) and (e) are cancelled and void.

All other terms and conditions remain unchanged.

**Policy Wording:**

The complete policy wording (for Chapters 12 & 15 - Wording Numbered 112-004) is available at [http://www.sinclairpremium.com/pdf/comprehensive\\_liability\\_insurance\\_policy.pdf](http://www.sinclairpremium.com/pdf/comprehensive_liability_insurance_policy.pdf). You may view, print, download or save the Policy wording at your convenience.

**Premium Payment and Coverage Commencement:**

This policy's cover will commence after receipt of either your Total Premium payment or your First Monthly Premium payment, but not before the Policy Period validity date indicated on this Certificate of Insurance.

**You Can Pay Your Premium by Credit Card, PayPal, or Money Wiring:**

**Online by Credit Card or PayPal:** Access your account on [www.sinclairpremium.com](http://www.sinclairpremium.com) and follow the instructions.

**Money Wiring:** You may transfer money to our Bank Account. View the relevant details online at [www.sinclairpremium.com/payment.asp](http://www.sinclairpremium.com/payment.asp).

**Territorial Scope and Agreed Jurisdiction:**

Territorial scope: Algeria

Agreed jurisdiction: Algeria

**Minimum Premium Clause:**

If the insured cancels this policy for any reason, the calculated debited premium after the refund resulting of the cancellation will not be under the Minimum Premium stated hereunder.

Minimum Premium for this Policy:

**Various Disclosures:**

- If any Government Charges apply, they have already been added to your premium
- Your Duty of Disclosure: We rely upon the information you provided to us when you applied for insurance, when you renew, change or reinstate your policy. You must tell us anything that you know, that could affect our decision to insure you and/or the terms on which we insure you. You must answer our questions truthfully and in a way that a reasonable person in the circumstances would answer them. You do not need to tell us anything that is of common knowledge, we know, or as insurer should know, or we indicate we do not want to know. These requirements are part of the Insurance Practice. Failing to comply with this duty may result in our refusing to pay your claim, reduce our liability, cancelling your policy and/or refer to your policy as never being in effect.
- Sinclair Insurance Company Limited (We) are registered under the International Insurance Act (2004) in the Autonomous Isle of Anjouan, Union of Comoros, and regulated by the Republic of Anjouan International Insurance Commissioner and the Offshore Financial Authority. We have set local facilities to assist you when you need us, such as local loss adjusters, local jurisdiction (view the Policy Wording to find more information).

Issued and signed on June 16, 2006  
by N.M. SIM Management Limited for:

Sinclair Insurance Company Limited

The Insurer Providing Coverage:  
Sinclair Insurance Company Limited Reg. #L2001  
Website: [www.sinclairpremium.com](http://www.sinclairpremium.com)

Authorized Representative: N.M. SIM Management Limited  
Tel: 1 (305) 675 8066 Fax: 1 (305) 675 0894  
Email [info@sinclairpremium.com](mailto:info@sinclairpremium.com)

**Ernie Ulrich**

**From:** Sinclair Insurance [info@sinclairpremium.com]  
**Sent:** Friday, June 16, 2006 1:59 PM  
**To:** Ernie Ulrich  
**Subject:** Amusement Rides Liability Insurance Quote

Dear Mr. Ulrich,

Thank you very much for your interest in Sinclair Insurance. We are pleased to send you this personalized quote (in US\$). Read this quote carefully, note the "Various Disclosures" contained in it, and ensure it meets your needs.

We are looking forward to having you as our customer.

| <b>Your Annual Premium - Quote Proposal AR060616125832</b>   |  |           |  |   |   |  |   |   |   |
|--|--|-----------|--|---|---|--|---|---|---|
| <b>Insured: Ernest Ulrich</b>  |  |           |  |   |   |  |   |   |   |
| Option 1: Annual Premium - Single Payment  | <b>\$17,146.96</b>                     |           |  |   |   |  |   |   |   |
| Net Premium: \$15,775.20   |  |           |  |   |   |  |   |   |   |
| Fees: \$1,371.76   |  |           |  |   |   |  |   |   |   |
| <b>OR:</b>   |  |           |  |   |   |  |   |   |   |
| Option 2: Annual Premium - 6 Monthly Payments  | <b>\$3,429.39</b>                      |           |  |   |   |  |   |   |   |
| Charges: \$3,429.38  |  |           |  |   |   |  |   |   |   |
| Total Cost: \$20,576.34  |  |           |  |   |   |  |   |   |   |
| <b>Type of Business Proposed for Insurance</b>   |  |           |  |   |   |  |   |   |   |
| Amusement Rides Offsite Rental & Operation   |  |           |  |   |   |  |   |   |   |
| <b>Requested Period of Insurance</b>   |  |           |  |   |   |  |   |   |   |
| From: 17 June, 2006  |  |           |  |   |   |  |   |   |   |
| For: 12 full months  |  |           |  |   |   |  |   |   |   |
| <b>Applicant Information</b>   |  |           |  |   |   |  |   |   |   |
| <b>Ernest O. Ulrich</b>  | Email: ernie.ulrich@fldfs.com          |           |  |   |   |  |   |   |   |
| 200 East Gaines Street   | Phone: 850 413 2414                    |           |  |   |   |  |   |   |   |
| Tallahassee, Florida 32301   | Evening:                               |           |  |   |   |  |   |   |   |
| <b>Company:</b>  | Fax:                                   |           |  |   |   |  |   |   |   |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 70%;">Equipment</th> <th style="width: 30%;">Number of Items you have in this Group</th> </tr> </thead> <tbody> <tr> <td>Gaming Booth, Karioke Machine, Food &amp; Beverage Machine (Popcorn, SnoCones, Margaritas, Hot Dog Steamer, Cotton Candy)</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Dunk Tank, Live Pony Ride, Spin Art, Tents (close and open), Balloon Typhoon</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Bouncer, Bounce House, Moon Bounce, Obstacle Course, Bungee Run, Wet/Dry Slide up to 14', Velcro Wall, Inflatable</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> |  | Equipment | Number of Items you have in this Group | Gaming Booth, Karioke Machine, Food & Beverage Machine (Popcorn, SnoCones, Margaritas, Hot Dog Steamer, Cotton Candy) | 3 | Dunk Tank, Live Pony Ride, Spin Art, Tents (close and open), Balloon Typhoon | 3 | Bouncer, Bounce House, Moon Bounce, Obstacle Course, Bungee Run, Wet/Dry Slide up to 14', Velcro Wall, Inflatable | 2 |
| Equipment  | Number of Items you have in this Group |           |  |   |   |  |   |   |   |
| Gaming Booth, Karioke Machine, Food & Beverage Machine (Popcorn, SnoCones, Margaritas, Hot Dog Steamer, Cotton Candy)  | 3                                      |           |  |   |   |  |   |   |   |
| Dunk Tank, Live Pony Ride, Spin Art, Tents (close and open), Balloon Typhoon   | 3                                      |           |  |   |   |  |   |   |   |
| Bouncer, Bounce House, Moon Bounce, Obstacle Course, Bungee Run, Wet/Dry Slide up to 14', Velcro Wall, Inflatable  | 2                                      |           |  |   |   |  |   |   |   |

6/16/2006



|  |   |
|--|---|
| Climbing Wall, Gladiator Joust, Boxing Joust   |   |
| Wet/Dry Slide 15' and Up, Inflatable Mountain, Inflatable Caterpillar, Sumo Wrestling, Inflatable Combo, Fast Pitch Radar Booth, Flight Simulators (electric/hydraulic), Rope Ladder | 0 |
| Orbitron, Sphere Ball, Inflatable Hosting Structures (Inflatable Tents)  | 5 |
| Climbing Wall, Bungee Trampoline, Psycho Swing   | 0 |
| Mechanical Bull, 4 in 1 Bungee Trampoline  | 0 |

To buy this policy, please [Click Here](#)

**The Following Limits of Liability Apply:**

**Chapter 12: Third Party Liability:**

|  |             |
|--|-------------|
| Limits per claimant and event:                                 | \$1,000,000 |
| Aggregate limit:   | \$1,000,000 |
| Limits stated are for Bodily Injury & Property Damage Combined |             |

**The Following Excesses/Deductibles Apply:**

Chapter 12: In each & every event per single claimant \$5,000.  
There is no aggregated limit.

**Policy Wording:**

The complete policy wording (Wording Number 062-004) is available at [http://www.sinclairpremium.com/pdf/comprehensive\\_liability\\_insurance\\_policy.pdf](http://www.sinclairpremium.com/pdf/comprehensive_liability_insurance_policy.pdf). You may view, print, download or save the policy wording at your convenience.

**You Can Pay Your Premium by Credit Card, PayPal or Money Wire:**

Online by Credit Card or PayPal: Access your account on [Preview Your Quote](#) and follow the instructions.

Money Wire: You may transfer money to our bank account. View the relevant details online at [www.sinclairpremium.com/payment.asp](http://www.sinclairpremium.com/payment.asp).

**Territorial Scope and Agreed Jurisdiction:**

Territorial scope: Algeria

Agreed jurisdiction: Algeria

Minimum premium for this policy: 35% of the quoted annual premium or \$1,250 - whichever is lower.

**Various Disclosures**

-If any Government Charges apply, they have already been added to your premium

Your Duty of Disclosure: We rely upon the information you provided to us when you applied for insurance, when you renew, change or reinstate your policy. You must tell us anything that you know, that could affect our decision to insure you and/or the terms on which we insure you. When we ask you specific questions, you must answer them truthfully and in a way that a reasonable person in the

circumstances would answer them. You do not need to tell us anything that reduces our risk, is of common knowledge, we know, or as insurer should know, or we indicate we do not want to know. These requirements are part of the Insurance Practice. Failing to comply with this duty may result in our refusing to pay your claim, reduce our liability, cancelling your policy and/or refer to your policy as never being in effect.

- If, during the period of insurance, you will be required, by State laws, regulations and requirements, or by an intended Certificate Holder/Additional Insured to place your insurance with other/listed insurers, we will allow immediate cancellation of your insurance with no short-period penalty and will waive the Minimum Earned Premium clause.
- This quote is not an insurance coverage contract. It provides the outlines of the coverage. Coverage is precisely defined in the wording of the policy and the allied documents, including: Declaration Pages, Schedule, Endorsements and Declarations made by the Insured.
- Coverage does not include food and beverage intoxication.
- Unless otherwise specified in the application, this quote and the insurance coverage that may follow are based on "Clean Loss History" covering the past 3 years prior to the date of this quote.
- Proof of "Clean Loss History" for the indicated period must be provided to the company within 30 days of commencement of coverage. At the discretion of Sinclair Insurance, the applicant's declaration may be accepted in the event of lack of claim/clean loss history for that period from previous insurers. Please contact us if you cannot provide a proof of "Clean Loss History" from your previous insurers.
- Certificate of Liability: The Applicant can add an "Additional Insured" at his sole discretion. Up to 10 Certificates of Liability will be issued at no extra fee. A fee of \$25.00 per certificate will be charged for the issuance of supplementary Certificates of Liability.
- Validity: This quote is valid for 30 days from today. After this period the quote is cancelled and thus becomes null and void.
- 14-Day Satisfaction Guarantee: We are sure you will be satisfied with our insurance coverage, but if for any reason you decide to cancel your policy within 14 days of its commencement date, we will cancel it at no charge, and we will return any premium you may have paid.

Do not hesitate to contact us should you need additional information.

Sincerely,

Shay J Reches  
Customer Service  
N.M. SIM Management Ltd.,  
Authorized Representatives for  
Sinclair Insurance Company Limited  
The Leading Online Insurance Provider

Contact Information:

>From USA: Tel: 1 (305) 675 8066 Fax: 1 (305) 675 0894  
>From Australia: Tel: (02) 9475 5002 Fax: (02) 9475 0969  
E-mail: [info@sinclairpremium.com](mailto:info@sinclairpremium.com)  
URL: [www.sinclairpremium.com](http://www.sinclairpremium.com)

**Ernie Ulrich**

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**From:** Sinclair Insurance [info@sinclairpremium.com]  
**Sent:** Friday, June 16, 2006 1:59 PM  
**To:** Ernie Ulrich  
**Subject:** Amusement Rides Liability Insurance  
**Attachments:** AR060616125832.pdf

Dear Mr. Ulrich,

Thank you for deciding to purchase Sinclair Amusement Rides Liability Insurance. In order to finalize this transaction you should now make your premium payment. Your policy will not be valid until you do so.

Attached please find your Amusement Rides Certificate of Insurance\*.

Policy Number: [REDACTED]  
Policy Period: 17 June, 2006 to 16 June, 2007  
Total Premium of \$17,146.96

You may pay your annual premium in 6 consecutive monthly installments of **\$3,429.39** each. Each monthly installment includes accrued interest and administration cost.

**Premium Payment**

You can pay for this insurance online by credit card or PayPal at Secured Online Payment or by wire transfer for the amount of \$17,146.96

**Your Certificate of Insurance**

You can view, print and download your certificate of insurance by clicking on this link: Your Certificate of Insurance.

**Policy Wording**

You can view, print and download the complete Policy Wording by clicking on this link: Policy Wording

**14-Day Satisfaction Guarantee**

If for any reason, you are not completely satisfied with your coverage, simply notify us by email, fax or inform us of your decision by filling the online Contact Form within 14 days of commencement of your policy period.

We will cancel your plan and refund any premium you have paid. No hassle and no questions asked. The 14-Day Satisfaction Guarantee is conditional that no claim and no incident that might evolve into a claim were submitted during or for that period.

*\*PDF Viewer:* In order to view Adobe Acrobat PDF documents, you must download and install Adobe Acrobat Reader. This free plug-in is available for download from the Adobe web site

If you have any question, please Contact Us.

Sincerely,

6/16/2006

**Michael Reeves**  
**Underwriting**  
**Sinclair Insurance Company Limited**  
**by N.M. SIM Management Ltd., Authorized Representatives**

**>From the USA and other countries:**

**Phone: 1 (305) 675 8066**

**Fax: 1 (305) 675 0894**

**>From Australia:**

**Phone: (02) 947 55002**

**Fax: (02) 947 50969**

**E-mail: [info@sinclairpremium.com](mailto:info@sinclairpremium.com)**

**Website: [www.sinclairpremium.com](http://www.sinclairpremium.com)**

Please verify the information in this document. If you wish to make any corrections or changes, please notify us immediately.

|  |       |                |          |     |
|--|-------|----------------|----------|-----|
|  | 00000 | Direct Algeria | 00056987 | USD |
|--|-------|----------------|----------|-----|

Ernest O. Ulrich  
 Ernest O. Ulrich  
 200 East Gaines Street  
 Tallahassee32301  
 Algeria

|                |             |
|----------------|-------------|
| Net Premium:   | \$17,146.96 |
| Fees:          | \$0.00      |
| Total Premium: | \$17,146.96 |

Ernest O. Ulrich  
 Ernest O. Ulrich  
 200 East Gaines Street  
 Tallahassee32301  
 Algeria

|                  |             |
|------------------|-------------|
| Total Charges:   | \$3,429.39  |
| Total Premium:   | \$20,576.35 |
| Monthly Payment: | \$3,429.39  |

Once we have accepted your contract and you have made your premium payment, this Certificate of Insurance, along with the Policy Wording, becomes your Insurance Contract.

|             |               |
|-------------|---------------|
| Valid From: | 17 June, 2006 |
| Until:      | 16 June, 2007 |

| Group Code | Rides Included in this Group Description  | Number of Rides/Items you have of this Group |
|------------|---|--|
| A          | Gaming Booth, Karaoke Machine, Food & Beverage Machine (Popcorn, SnoCones, Margantas, Hot Dog Steamer, Cotton Candy)  | 3  |
| B          | Dunk Tank, Live Pony Ride, Spin Art, Tents (close and open), Balloon Typhoon  | 3  |
| C          | Bouncer, Bounce House, Moon Bounce, Obstacle Course, Bungee Run, Wet/Dry Slide up to 14', Velcro Wall, Inflatable Climbing Wall, Gladiator Joust, Boxing Joust                        | 2  |
| D          | Wet/Dry Slide 15' and Up, Inflatable Mountain, Inflatable Caterpillar, Sumo Wrestling, Inflatable Combo, Fast Pitch Radar Booth, Flight Simulators (electric/hydraulic), Rope Climber | 0  |
| E          | Condition, Sphere Ball, Inflatable Hosting Structures (Inflatable Tents)  | 5  |
| F          | Climbing Wall, Bungee Trampoline, Psycho Swing  | 0  |
| G          | Mechanical Bull, 4 in 1 Bungee Trampoline   | 0  |

**Amusement Rides Offsite Rental & Operation**

**Limits of Liability - Chapter 12, Third Party Liability:**

Limits per claimant and event: \$1,000,000  
 Aggregate limit: \$1,000,000  
 Limits stated are for Bodily Injury & Property Damage Combined

**The Following Excesses/Deductibles Apply:**

Chapter 12: In each & every event per single claimant \$5,000  
 There is no aggregated limit.

**Annual Turnover**

Reported Annual Turnover (Estimated figure): Up to \$15,000  
 Annual Turnover changes the annual premium calculation in this policy. The Company reserves the right to demand the insured to provide an annual updated accurate figure of the Annual Turnover during the period of insurance and/or within the 6 months after the expiration of this policy and the Company may adjust the charged premium, and the insured will be entitled to pay additional amount or receive a refund - as the case may be.



The Insurer Providing Coverage:  
 Sinclair Insurance Company Limited Reg. #L2001  
 Website: [www.sinclairpremium.com](http://www.sinclairpremium.com)

Authorized Representative: N.M. SIM Management Limited  
 Tel: 1 (305) 675 8066 Fax: 1 (305) 675 0894  
 Email [info@sinclairpremium.com](mailto:info@sinclairpremium.com)

Please verify the information in this document. If you wish to make any corrections or changes, please notify us immediately.

|  |       |                |          |     |
|--|-------|----------------|----------|-----|
|  | 00000 | Direct Algeria | 00056987 | USD |
|--|-------|----------------|----------|-----|

**Special Amendment (Amusement Rides):**

It is declared, conditioned and agreed that

1. The Exceptions section of Chapter 12 (Third Party Liability), Section B(3), is extended, and at its end the following phrase is added: "other than the equipment listed in the Schedule &/or Certificate of Insurance".
2. The Exceptions section of Chapter 12 (Third Party Liability), Section B(4), Sub-sections (a), (b), (d) and (e) are cancelled and void.

All other terms and conditions remain unchanged.

**Policy Wording:**

The complete policy wording (for Chapters 12 & 15 - Wording Numbered 112-004) is available at [http://www.sinclairpremium.com/pdf/comprehensive\\_liability\\_insurance\\_policy.pdf](http://www.sinclairpremium.com/pdf/comprehensive_liability_insurance_policy.pdf). You may view, print, download or save the Policy wording at your convenience.

**Premium Payment and Coverage Commencement:**

This policy's cover will commence after receipt of either your Total Premium payment or your First Monthly Premium payment, but not before the Policy Period validity date indicated on this Certificate of Insurance.

**You Can Pay Your Premium by Credit Card, PayPal, or Money Wiring:**

**Online by Credit Card or PayPal:** Access your account on [www.sinclairpremium.com](http://www.sinclairpremium.com) and follow the instructions.

**Money Wiring:** You may transfer money to our Bank Account. View the relevant details online at [www.sinclairpremium.com/payment.asp](http://www.sinclairpremium.com/payment.asp).

**Territorial Scope and Agreed Jurisdiction:**

Territorial scope: Algeria

Agreed jurisdiction: Algeria

**Minimum Premium Clause:**

If the insured cancels this policy for any reason, the calculated debited premium after the refund resulting of the cancellation will not be under the Minimum Premium stated hereunder.

Minimum Premium for this Policy:

**Various Disclosures:**

- If any Government Charges apply, they have already been added to your premium
- Your Duty of Disclosure: We rely upon the information you provided to us when you applied for insurance, when you renew, change or reinstate your policy. You must tell us anything that you know, that could affect our decision to insure you and/or the terms on which we insure you. You must answer our questions truthfully and in a way that a reasonable person in the circumstances would answer them. You do not need to tell us anything that is of common knowledge, we know, or as insurer should know, or we indicate we do not want to know. These requirements are part of the Insurance Practice. Failing to comply with this duty may result in our refusing to pay your claim, reduce our liability, cancelling your policy and/or refer to your policy as never being in effect.
- Sinclair Insurance Company Limited (We) are registered under the International Insurance Act (2004) in the Autonomous Isle of Anjouan, Union of Comoros, and regulated by the Republic of Anjouan International Insurance Commissioner and the Offshore Financial Authority. We have set local facilities to assist you when you need us, such as local loss adjusters, local jurisdiction (view the Policy Wording to find more information).

Issued and signed on June 16, 2006  
by N.M. SIM Management Limited for:

Sinclair Insurance Company Limited

The Insurer Providing Coverage:  
Sinclair Insurance Company Limited Reg. #L2001  
Website: [www.sinclairpremium.com](http://www.sinclairpremium.com)

Authorized Representative: N.M. SIM Management Limited  
Tel: 1 (305) 675 8066 Fax: 1 (305) 675 0894  
Email [info@sinclairpremium.com](mailto:info@sinclairpremium.com)

### A&A Licensee Details

**DOXSEE, DAVID EDWARD**

This licensee holds at least one active license.

This licensee holds active licenses in the following categories:

AGENT.

This licensee can write some types and classes of insurance policies.

Please see the extended details for this licensee.

License Number: A319311

SSN: [REDACTED]

Date of Birth: [REDACTED]

Business County: Leon

Race: WHITE

Sex: MALE

Place Of Birth: SYRACUSE NY

Florida Resident: YES

#### Extended Details of Licensee

##### Types and Classes of Licenses

###### LIFE INCL VAR ANNUITY & HEALTH - AGENT (Type Class 02-15)

###### License History

| LICENSE STATUS & DESCRIPTION | LICENSE STATUS DATE | ORIGINAL ISSUE DATE | QUALIFYING APPT |
|------------------------------|---------------------|---------------------|-----------------|
| VALID                        | 11/10/2004          | 11/10/2004          | YES             |

###### LIFE & HEALTH - AGENT (Type Class 02-18)

###### License History

| LICENSE STATUS & DESCRIPTION    | LICENSE STATUS DATE | ORIGINAL ISSUE DATE | QUALIFYING APPT |
|---------------------------------|---------------------|---------------------|-----------------|
| INVALID - CANCELLED - VOLUNTARY | 10/16/1992          | 10/16/1992          | YES             |

###### INDEPENDENT ADJ - ALL LINES - ADJUSTER (Type Class 05-20)

###### License History

| LICENSE STATUS & DESCRIPTION                          | LICENSE STATUS DATE | ORIGINAL ISSUE DATE | QUALIFYING APPT |
|---|---------------------|---------------------|-----------------|
| APPLICATION ONLY - APPLICATION - AUTHORIZED<br>- FAIL | 10/21/1992          |                     | N/A             |

##### Types and Classes of Appointments

###### LIFE & HEALTH - AGENT (Type Class 02-18)

###### Appointment History

| REFERENCE COMPANY NAME<br>NUMBER            | STATUS                     | STATUS<br>DATE | ORIGINAL<br>ISSUE<br>DATE | TYPE  | EXP<br>DATE | COUNT |
|---|----------------------------|----------------|---------------------------|-------|-------------|-------|
| AMERICAN HERITAGE LIFE<br>INSURANCE COMPANY | ACTIVE - ORIGINAL<br>ISSUE | 1/10/2005      | 12/15/2004                | STATE | 6/30/2007   | LEON  |

##### Exchanges of Business

This licensee does not have any exchanges of business.