

C L A I M S M A D E  
C O N F I R M A T I O N O F I N S U R A N C E

AGENCY: LESTER KALMANSON AGENCY INC.  
P.O. BOX 940008 MAITLAND, FL. 32794-0008 U.S.A.  
PH) 407-645-5000 - FAX) 407-645-2810

DATE: FEBRUARY 13, 2012

BINDER #: T11BAE193

IN ACCORDANCE WITH YOUR INSTRUCTIONS, WE HAVE EFFECTED THE FOLLOWING  
INSURANCE COVERAGE. THE PREMIUM FOR THIS INSURANCE IS DUE AND PAYABLE  
AS OF THE ATTACHMENT DATE, UNLESS OTHERWISE AGREED.

NAMED INSURED / ADDRESS: **WHEELS OF FREESTYLE, INC.**  
**C/O WESLEY HOLDEN**  
**6191 RANCHO MISSION RD #107**  
**SAN DIEGO CA 92108**

(DESIGNATED) INSURED LOCATION: VARIOUS / TRAVELING (USA) LOCATION(S)

PERIOD OF INSURANCE: FROM:02/22/12 TO: 02/22/13 TERM: ANNUAL  
( BOTH DAYS FROM 12:01 AM LOCAL STANDARD TIME ! )

DESCRIPTION OF INSURANCE: SEE ATTACHED ADDENDUM "A"

POLICY FORM: OWNERS', LANDLORDS', & TENANTS' LIABILITY INSURANCE  
( A MANUSCRIPT POLICY FORM ! )

LIMIT OF LIABILITY: \$ 1,000,000.00 PER OCC. / \$ 2,000,000.00 AGG.

PRIOR ACTS COVERAGE AFFORDED: NONE/TERRORISM: DENIED

RETRO ACTIVE DATE: 02/22/10 @12:01 AM LOCAL STANDARD TIME

ERP OFFERED (EXTENDED REPORTING PERIOD): YES

DEDUCTIBLE: \$ 17,500.00 PER CLAIM (BODILY INJURY PROPERTY DAMAGE) INCLUDING L.A.E.

PREMIUM: \$ 1,588.76 (INCL. FEES & TAXES (PREMIUM IS 100% FULLY EARNED AT INCEPTION)

**CONDITIONS: SUBJECT TO POLICY ISSUANCE**

ADDITIONAL INSURED'S: ALL INCLUDED IN THE ABOVE PREMIUM, OATIMA

CARRIER: 100% - CERTAIN UNDERWRITERS AT LLOYDS / LONDON

THE DOCUMENT IS INTENDED AS EVIDENCE THAT THE INSURANCE DESCRIBED  
HEREUNDER HAS BEEN EFFECTED AS STATED. IMMEDIATE ADVICE MUST BE GIVEN  
OF ANY DISCREPANCIES, INACCURACIES OR NECESSARY CHANGES.

02/13/12  
DATE ISSUED

MITCHEL KALMANSON - PRES.

C L A I M S M A D E  
A D D E N D U M " A " F O R :  
**WHEELS OF FREESTYLE, INC. / C/O WESLEY HOLDEN**

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P.O. BOX 940008  
MAITLAND, FLORIDA - U.S.A.  
PH: 407-645-5000 FAX: 407-645-2810  
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POLICY PERIOD/TERM: 02/22/12 TO 02/22/13 TERM: ANNUAL (12:01 AM LOCAL STANDARD TIME)  
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**BINDER NUMBER: T11BAE193**  
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DESCRIPTION OF CLAIMS MADE LIABILITY INSURANCE COVERAGE(S) AFFORDED:  
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- A) SPECTATOR LIABILITY IS AFFORDED FOR A BIKE STUNT SHOW TO BE PERFORMED BY THE NAMED INSURED &/OR THEIR EMPLOYEE(S) ONLY, FOR DISPLAY / EXHIBITION PURPOSES ONLY, WHILE AT VARIOUS / TRAVELING (USA) LOCATIONS ONLY, WHILE UNDER THE DIRECT CONTROL / SUPERVISION OF THE NAMED INSURED &/OR THEIR EMPLOYEE(S) ONLY.
- B) PREMISES LIABILITY IS AFFORDED FOR THE SET-UP, USE &/OR TAKE DOWN OF THE NAMED INSURED'S OWNED EQUIPMENT TO BE USED IN CONJUNCTION WITH THE NAMED INSURED'S COMMERCIAL OPERATION(S) ONLY, WHILE AT VARIOUS SCHEDULED (USA) LOCATION(S) ONLY, WHILE UNDER THE DIRECT CONTROL / SUPERVISION OF THE NAMED INSURED &/OR THEIR EMPLOYEES ONLY.

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POLICY CONDITIONS:

- 1) PARTICIPANT'S LIABILITY COVERAGE IS SPECIFICALLY EXCLUDED.
- 2) NO LIABILITY COVERAGE IS AFFORDED FOR ANY OTHER ACTIVITY(S) &/OR OPERATION(S) UNLESS SPECIFICALLY ENDORSED HERETO AND AN ADDITIONAL PREMIUM CHARGE IS MADE.
- 3) WORKER'S COMPENSATION / EMPLOYER'S LIABILITY COVERAGE IS SPECIFICALLY EXCLUDED FROM THIS POLICY FOR ANY EMPLOYEE(S) &/OR INDEPENDENT CONTRACTOR(S) &/OR VOLUNTEER(S).
- 4) ANY/ALL SUB-CONTRACTED INDEPENDENT CONTRACTORS MUST PROVIDE THE NAMED INSURED WITH A CURRENT CERTIFICATE OF INSURANCE, THROUGH AN ACCEPTABLE CARRIER, WITH MINIMUM LIMITS OF \$ 1,000,000.00 PER OCCURRENCE / AGGREGATE, NAMING: WHEELS OF FREESTYLE, INC. AS AN ADDITIONAL NAMED INSURED.