

CONFIRMATION OF INSURANCE

We are pleased to advise you that in accordance with your instructions we have effected the following insurance(s):-

Policy No.: M5MT5277
Date : January 14, 2005

NAMED INSURED: Kids Kars

TYPE: Independent Ride Operators

LIMIT: \$1,000,000 CSL Premises - General Liability
\$1,000,000 Aggregate - General Liability
\$29,550 IM

DEDUCTIBLE: \$500 per claim General Liability
\$1,000 per claim IM/Cargo

COVER: Special Multi Peril

PREMIUM: per contract

PERIOD: From 1/10/05 12:01 A.M. to cease 1/10/06
12:01 A.M., or such time prior thereto as the
Company policy(ies) may be issued on
described risk in lieu thereof.

CONDITIONS: Subject in all respects to the terms and
conditions of the policy(ies) to be issued.
GL/Inland Marine premium is fully earned in 90 days.

IMPORTANT: If there is any inaccuracy in the foregoing,
please advise immediately

INSURERS: T.H.E. INSURANCE COMPANY

January 14, 2005
Date


Signature

Kids Kars Inc.
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