THE CIA
COSSIO INSURANCE AGENCY

PARTY RENTAL EQUIPMENT

PLEASE COMPLETE EACH LINE ON FORM AND SUBMIT

Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top to view directions in the pop up window of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to apps@cossioinsurance.com.

GENERAL INFORMATION

1) Organization Name: _____

Legal Name: _____

Coverage Term: _____ Through: _____

2) Facility Address: _____

City: _____ State: _____ Zip code: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

3) Contact Person: _____

4) Phone Number: _____ Fax Number: _____

5) Website Address: _____ Date of formation: _____

Email Address: _____

6) Person responsible for general operation of activities: _____

Years of experience and type of experience: _____

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8) Current Policy Expiration Date: _____

9) Current Insurance Company: _____
Expiring Premium: _____

10) Has any insurer ever canceled or refused coverage? ☐ Yes ☐ No
If yes, please explain: _____
_____

11) Have you had a claim in the last 5 years? ☐ Yes ☐ No
If yes, please explain: _____
_____

12) Please check the description which best describes the nature of your operation.
☐ Rental Operations - Business which primarily rents amusement devices and related equipment
☐ Inflatable Fun Facility
☐ Party Rental Stores - with some inflatables and small mechanicals
☐ Other (please describe) _____
_____
_____

13) Estimated Annual Gross Receipts: $ _____

14) Do you utilize a waiver and rental agreement? ☐ Yes ☐ No

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the proposed Insured or to the Company until accepted by the Company or Companies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by Cossio Insurance Agency.

Signature of Applicant: _____ Date: _____

Note: Please make sure that you have completed the form with the correct responses. Once you have completely filled out the form, click the save button below to save the document and send it to our email address *apps@cossionsurance.com*.

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INVENTORY LIST

PO Box 188
Simpsonville, SC 29681
Phone: (864) 688-0121
Fax: (864) 688-0138
www.cossioinsurance.com

Ride Name	Age	Manufacturer	Serial No.	Dimensions

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SAVE

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