

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

DIRECTIONS: 1. Fill in the application by filling in the blue fields on all pages.
 2. Please fill in all the fields with the correct information.
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensator	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Flood	<input type="checkbox"/> Hired & Non-Owned Auto
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Abuse / Molestation	<input type="checkbox"/> Cyber Liability

Section 1: CONTACT INFORMATION

How did you hear about us?		
Contact Name:	DOB:	FEIN/SS#
Corporate Name:	Business Name:	
Do you wish to receive quote by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail		
Fax:	Phone:	Email:
Address of Applicant:		
City:	State:	Zip:

Section 2: EVENT INFORMATION

Dates of Event		
Time(s)		
Name of Event		
Location of Event		
City:	State:	Zip:
Name of Facility:		
Does the Facility Carry Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Limits:
Description of Event		
Are you Responsible for Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Square Footage of Parking Area		
Number of Tickets Printed?	What is the Number of Tickets Sold to Date?	
Participants per day?	Spectators per day?	
What is the Price of Admission?	What is the Estimated Gross Receipts?	
Total # of employees:	What is the Estimated Total Payroll?	



Section 2: EVENT INFORMATION (Continued)

What are the Limits of Liability Requested?		
General Aggregate \$	Products Aggregate \$	Each Occurrence \$
Personal/Adv Injury \$	Fire Damage \$	Medical Payments \$
Name, Address and Relationship of all Additional Insureds to be Added to the Policy:		
1) Name		
Address		
City:	State:	Zip:
2) Name		
Address		
City:	State:	Zip:
3) Name		
Address		
City:	State:	Zip:
If No, Is there Permanent Lighting over all Spectator Areas and Parking Lots? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If a Stage is Involved, is the Stage of Temporary or Permanent Construction?		
If Temporary, Who is Responsible For Set up of Stage?		
If Other than the Applicant, is a Certificate of Insurance Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Other than the Applicant, is Applicant Named as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is Temporary Lighting Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Who is Responsible for Hook Up of Lighting?		
If Other than the Applicant, is a Certificate of Insurance Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Other than the Applicant, is Applicant Named as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is a Tent Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Who is Responsible for the Set Up of the Tent?		
If Other than the Applicant, is a Certificate of Insurance Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Other than the Applicant, is Applicant Named as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/>		
What is the Number of Vendors or Trade Booths?		
What Goods are to be Displayed?		
Are all Goods Finished Products or Demonstrations?		
Are there any Cooking Demonstrations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are Vendors or Trade Booths Required to Provide a Certificate of Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How is Advertising Being Used at the Event?		

Section 2: EVENT INFORMATION (Continued)

Who is Providing the Food and/or Drink?

If Other than the Applicant, is a Certificate of Insurance Provided? Yes NoIf Other than the Applicant, is Applicant Named as Additional Insured? Yes NoIs Liquor to be Sold at this Event? Yes NoIf Yes, is there a Liquor Liability Policy In-Force? Yes NoIs the Applicant Named as an Additional Insured? Yes NoIs the Applicant Providing any Overnight Accommodations such as Camping? Yes No

If Yes, Please Describe

Who is Responsible for Providing Security?

If Other than the Applicant, is a Certificate of Insurance Provided? Yes NoIf Other than the Applicant, is Applicant Named as Additional Insured? Yes No

Is the Security Provided Armed or Unarmed?

Are Fireworks or Pyrotechnics to be Used? Yes No

If Yes, Please Describe

Is the Applicant Signing any Hold Harmless Agreements? Yes NoIf Yes, with Whom and What Responsibilities?
*(Please Attach Samples of all Hold Harmless Agreements)*Is the Applicant being Held Harmless by Others? Yes NoIf Yes, by Whom and What Responsibilities?
*(Please Attach a Copy of the Agreement if Available)*Has this Event been held in the past by the Applicant? Yes No

If Yes, for how many Years?

Please Attach the Premium and Loss Experience For the Past 5 Years.

Please Describe any Losses over \$5,000.00

Has your Prior Insurance Ever Been Cancelled? Yes NoHas your Prior Insurance Ever Refused to Renew? Yes NoDo you have a Risk Management Plan? Yes No

Please Attach All Lease and Hold Harmless Agreements, Brochures of the Event and a Diagram of Location(s) to be Used.



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CYBER LIABILITY

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: