

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

Section 1: APPLICANT INFORMATION

Name of Applicant:

Note: Group Vendor policies require the name, address and description of each vendor

Address of Applicant:

City:

State:

Zip:

Phone Number:

Fax Number:

Email Address:

Section 2: OPTIONAL COVERAGES

Optional Coverages (check each coverage selected and total at bottom):

Optional \$150,000.00 Hired and Non-Owned Automobile Liability Coverage = \$
 is available for an additional \$225.00 per vendor.

Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage = \$
 is available for an additional \$500.00 per vendor.

• *Note: \$1,000,000.00 Hired and Non-Owned Automobile Liability Coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.*

Total Premium = \$

Section 3: GENERAL INFORMATION

What limits do you need? Per Occurrence Aggregate

How many days will you need coverage for? 5 or less 6-14 days 15-30 days
 1-6 months 6 months - Annual

Date(s) of Event:

Times:

Location Address of Event:

City:

State:

Zip:

Description of Exhibit/Goods/Services:

Has any prior coverage been cancelled or non-renewed? Yes No

Section 3: GENERAL INFORMATION

If coverage has been cancelled or non-renewed, please describe and provide loss history:

Name, Address and Relationship of all additional insured to be added to the policy:

1) Name:	Relationship:
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Address:

Endorsements: Primary/Non-Contributory (\$100) Waiver of Subrogation (\$100) Additional Insured

2) Name:	Relationship:
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Address:

Endorsements: Primary/Non-Contributory (\$100) Waiver of Subrogation (\$100) Additional Insured

3) Name:	Relationship:
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Address:

Endorsements: Primary/Non-Contributory (\$100) Waiver of Subrogation (\$100) Additional Insured

Total Policy Premium:	Total Non-Refundable Premium:
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Proposed Policy Holder Signature:	Date:
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Signed by Licensed Agent:

Agency Name:	License #:
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Agent Phone Number:	Agent Email Address:
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Agency Mailing Address:



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 FLORDIA: 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: