



# CONCESSIONAIRES, EXHIBITORS & VENDORS INSURANCE

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)

General Liability	Commercial Auto	Hired & Non-Owned Auto
Inland Marine	Workers Compensation	Product Liability
Cyber Liability		

## Section 1: General Information

How did you hear about us?

I am a new account      I am renewing my coverage

Named insured (as it should appear on the policy):

*(For the "Named Insured" use your name if you operate as a sole proprietor, or your legal business name if you operate as a corporation or LLC.)*

Doing business as (DBA):

*(additional name(s) under which the named insured operates)*

Mailing address:

City:

State:

Zip:

Contact Name:

Phone:

Cell:

Fax:

Email:

Website:

## Section 2: Dates

Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy).      Start my coverage on this date:

## Section 3: Business Information

**1. Check all that apply regarding your type of operations:**      Selling products/services

Describe product/service:

Distribution of literature and/or display only

Describe product/service being displayed/information being provided:

2. Are all of the event operations to be insured located within the United States?      Yes      No



# CONCESSIONAIRES, EXHIBITORS & VENDORS INSURANCE

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

## Section 3: Business Information (continued)

3. Please select the coverage period desired:    Single event    3 Months    6 Months    Annual

a. If seeking annual coverage, do you own/operate/manage a storefront/brick and mortar business or have a long term lease at a single location for your operations?    Yes    No

*(Storefront/brick and mortar operations or those with long term leases are not eligible for annual coverage. Coverage is only available for a single event (lasting one month or less), 3 months or 6 months policy periods for those exposures that occur away from any of your owned or long-term leased premises.*

### 4. Select one of the following that best describes your business operations:

Customers can walk up to your booth, exhibit, tent, trailer, etc.

Examples: • You are a food trailer and customers walk up to your window to obtain their food and they walk away. You do not provide seating • You are a game trailer and you open up the side of the trailer and customers play a game while standing outside of your trailer

a. Provide your # of units (e.g.: trailer, push cart, table):

Customers are able to walk in, through and around your booth, exhibit, tent, trailer, etc.

Examples: • You are a food vendor that also provides seating for your customers • You are a game trailer and customers enter your trailer to play games

a. Provide your total square footage:

Micro reality race tracks    a. Provide # of your tracks:

Home-based wedding vendor. Available only for a single event coverage period - use 1 unit rating

5. If applying for single event coverage, please provide the following:

*(additional name(s) under which the named insured operates)*

Name of Event:	Hours of event:	AM/PM to	AM/PM
----------------	-----------------	----------	-------

Date(s) of event: (including set-up/tear-down):	/	/	to	/	/
---	---	---	----	---	---

Location of event (Venue name):

Street Address:

City:	State:	Zip:
-------	--------	------

**NOTE:** This coverage only applies to a single event and the single event cannot exceed one month.

## Section 4: Document Delivery

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be issued to the same person. Please select only one option.

Email (Selecting this option confirms your consent for coverage documents to be delivered via email)

Fax Attn:	Mail
-----------	------



# CONCESSIONAIRES, EXHIBITORS & VENDORS INSURANCE

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

## Section 5: Agents Only

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM

Agency Name:

Agency mailing address:

Agent/contact name:

Agency telephone:

Agency/contact email:

Tax ID:

## Section 6: Optional Equipment and Contents Coverage

Check here and skip this section if you do not want this coverage option  
 This optional coverage is available only with six month or annual commercial general liability coverage.

TO AVOID A COINSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

### Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000	Value

Provide values for categories below (DO NOT include those values already shown above)

<b>Vendor inventory</b> (such as items held for sale)	
<b>Supply inventory</b> (such as equipment, giveaways, paper goods)	
<b>Trailer equipment, excluding products</b> (such as trailers, signs, concession equipment, refrigerators, cooking equipment, supplies)	
<b>Portable storage units</b> (not permanent structures)	
<b>Misc. equipment</b> - please describe:	
<b>Total replacement value</b> (add all lines above)	



# CONCESSIONAIRES, EXHIBITORS & VENDORS INSURANCE

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

## Section 6: Optional Equipment and Contents Coverage (continued)

### Step 2: List physical addresses where equipment and contents are stored

P.O. boxes cannot be accepted

Location 1 Address:

Location 2 Address:

**Step 3: Calculate premium** (If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

### Optional Equipment and Contents Premium

**My total replacement value is between \$1 - \$10,000** (\$250 deductible will apply)

\$.03 x \$ (total replacement value) = \$  
\$ Equipment and Contents Premium (\$100.00 minimum premium applies)

**My total replacement value is over \$10,000** (\$1,000 deductible applies to values \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)

\$.026 x \$ (total replacement value) = \$  
\$ Equipment and Contents Premium (\$100.00 minimum premium applies)

Note: If replacement value is over \$100,000, please contact us for additional underwriting information needed in order to approve/bind coverage.

## Section 7: Total Premium Summary

Program Premium (Required Coverage)	(A)
Equipment and Contents Premium (Optional Coverage)	(B)
<b>Premium Due - Subtotal (add lines A thru B)</b>	(C)
<b>FLORIDA APPLICANTS ONLY</b> Florida applicants need to add a 1.3% state mandated Hurricane Catastrophic Fund Assessment fee to the premium due FL Premium Due - Subtotal: Multiply line (C) x 1.013	(D)

**COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS  
COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE WILL BE  
DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**

## Section 8: Certificate Requests

You will receive a certificate showing evidence that coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

This certificate is for our:

Program coverage (commercial general liability)      Equipment and contents coverage

Check the type of certificate you are requesting:

Additional insured      Evidence of coverage      Loss payee



# CONCESSIONAIRES, EXHIBITORS & VENDORS INSURANCE

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

## Section 8: Certificate Request (continued)

Agent/contact name:		
Certificate holder information: Entity name:		
Mailing address:		
City:	State:	Zip:
Relationship to named insured:	Owner/lessor of premises	Sponsor
Mortgagee	Franchisor	Lessor of equipment and contents
Other (please indentify/explain):		
Special certificate language needed (please explain/attach):		
Date certificate needed by:            /            /		
If applicable: Program Coverage:		
Date(s) of event/activity:	/          /	to            /            /
Hours of event/activity:	AM/PM	to            AM/PM
Type of event/activity:	Name of event/activity:	
Location of event/activity:		
Equipment & Contents Coverage:		
Description of equipment:	Value:	

## Section 9: Coverage Exclusions

The following exclusions are contained in the commercial general liability coverage provided by this program: Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport (the ownership, operation, maintenance, or use of any airfield or airport facility or premises).

This exclusion does not apply to concessionaires, exhibitors, or vendors selling, displaying, demonstrating or promoting their products or services at any airfield or airport facility or premises); Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, water slide, any inflatable recreation device, any bungee operation or equipment, any vertical device or equipment use for climbing- either permanently affixed or temporarily erected, or dunk tank. Amusement device does not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos, Commercial general liability standard exclusions (CG 0001 04/13 edition); Employment-related practices; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Performers; Rodeos; Saddle animal; Snowmobile; Violation of statutes that govern emails, faxes, phone calls or other methods of operation; Those operations listed as ineligible: Alcoholic beverage sales; Animals,



Section 9: Coverage Exclusions (continued)

Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots; Contractors (lighting, stage, sound, etc.); E-commerce selling; Fire safety equipment; Fireworks sales and displays, Haunted attractions; Hot wax impressions; Leasing/rental operations; Mazes (corn/hay/fence); Medical testing; Motor sports activities; Nutritional or health supplement products (selling); On-site installations, service or repair of products; On-site equipment sales and rental; Oxygen or aromatherapy bars; Photographers (unless for a single event home-based wedding photographer); Protective equipment or apparel; Storefront operations; Tobacco products; Toys (for ages 4 and under); Vehicles in motion; Watercraft exhibits on water; Weapon sales; Weight loss plans or products (selling); Wholesale business operations.

Section 10: Warranty & Disclosure Statement

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

Cossio Insurance Agency as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates Cossio Insurance Agency based on a predetermined calculation of thirty-three percent of the total premium. The total may also include an annual RPG membership fee up to ten dollars.

I understand that, subject to applicable laws, Cossio Insurance Agency will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant or agent signature:	Date:
Printed Name:	Title:
If an agent: Check here to acknowledge you are signing on behalf of the named insured	
Named insured (from page 5):	



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: