



Office Application

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: Business Information

How did you hear about us?

Applicant's Name:

Location Address:

City:

State:

Zip:

Description of Operations:

Classification:

<input type="checkbox"/> Accountants	<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Mailing Service	<input type="checkbox"/> Statistical Consultant
<input type="checkbox"/> Advertising Agency	<input type="checkbox"/> Genealogist	<input type="checkbox"/> Management Consultant	<input type="checkbox"/> Tax Preparer
<input type="checkbox"/> Answering Service	<input type="checkbox"/> Grant Writing Service	<input type="checkbox"/> Marketing Consultant	<input type="checkbox"/> Telecommunication Consultant
<input type="checkbox"/> Appraiser(non-real estate)	<input type="checkbox"/> Graphic Designer	<input type="checkbox"/> Marketing Research	<input type="checkbox"/> Telemarketing Office
<input type="checkbox"/> Background Check Service	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Medical Offices	<input type="checkbox"/> Ticket Agencies
<input type="checkbox"/> Bill Payment Service	<input type="checkbox"/> Insurance Agencies	<input type="checkbox"/> Medical Transcript	<input type="checkbox"/> Title Agent
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Insurance Risk Manager	<input type="checkbox"/> Mortgage Brokers	<input type="checkbox"/> Travel Agent (no tour)
<input type="checkbox"/> Calligraphy	<input type="checkbox"/> Investment Advice	<input type="checkbox"/> Notary	<input type="checkbox"/> Word Processing
<input type="checkbox"/> Database Management	<input type="checkbox"/> Inventory Control	<input type="checkbox"/> Paralegal	<input type="checkbox"/> Writers/Authors
<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Lawyers Office	<input type="checkbox"/> Real Estate Offices	<input type="checkbox"/> Other
<input type="checkbox"/> Draftsman	<input type="checkbox"/> Literary Agent	<input type="checkbox"/> Real Estate Consultant	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Loan Origination Office	<input type="checkbox"/> Resume Service	

Section 1b: Property Section

Do you own the building? ☐ Yes ☐ No

(If "No", skip Building Owner questions under both the Property and Liability sections below)

Construction: ☐ Frame ☐ Joisted Masonry ☐ Non-combustible ☐ Masonry Non-combustible
☐ Modified Fire-resistive ☐ Fire-resistive ☐ Other:

Protection Class:

Requested cause of loss: ☐ Basic ☐ Special

Requested Valuation: ☐ Replacement Cost ☐ Actual Cash Value

Deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000



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Section 1b: Property Section (Continued)

Do you own the building? ☐ Yes ☐ No

(If "No", skip Building Owner questions under both the Property and Liability sections below)

Construction: ☐ Frame ☐ Joisted Masonry ☐ Non-combustible ☐ Masonry Non-combustible
☐ Modified Fire-resistive ☐ Fire-resistive ☐ Other:

Protection Class:

Requested cause of loss: ☐ Basic ☐ Special

Requested Valuation: ☐ Replacement Cost ☐ Actual Cash Value

Deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000

Coinurance: ☐ 80% ☐ 90% ☐ 100%

Business personal property limit \$

Bus. income & extra expense limit \$

Building Owner

Building Limit \$

What year was the building constructed?

What is the square footage of the entire structure? sq. ft

What is the square footage of portion occupied by applicant?

Is the building fully protected by an operational sprinkler system covering 100% of the premises?

☐ Yes ☐ No

Section 1c: Liability Section

Annual Payroll: \$

Number of full-time employees

Number of part-time employees

Limit: ☐ \$100,000/\$200,000 ☐ \$300,000/\$600,000 ☐ \$500,000/\$1,000,000 ☐ \$1,000,000/\$2,000,000

No more than \$3,000,000 in annual gross receipts ☐ True ☐ False

Primary type of operations are clerical in nature ☐ True ☐ False

Building Owner

Building Limit \$

Is any portion of the building leased to commercial tenants?

What is the square footage of portion occupied by applicant? ☐ Yes ☐ No

If "Yes", applicable sq. ft.

Does the applicant lease any apartments at this location? ☐ Yes ☐ No

If "Yes", number of units : Applicable sq. ft of apartments:

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	AI	LP	M
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Section 2: Loss Information for the Past 3 Years

Property Coverage Losses ☐ None, or provide detail below.

Year	Status	Incurred	Description

Liability Coverage Losses ☐ None, or provide detail below.

Year	Status	Incurred	Description

Section 3: Additional Property Information

If you own the building and it is more than 10 years old, please complete the following:

Age of roof	yrs	Plumbing updated	yrs	Electrical updated	yrs	Heating updated	yrs
Roof type: <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other							
Plumbing type: <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Lead <input type="checkbox"/> Galvanized <input type="checkbox"/> Other							
What type of burglar alarm is on the premises? <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None							

Section 4: Eligibility Criteria

1. No bankruptcies, tax or credit liens against the applicant in the last five years ☐ True ☐ False

2. Coverage has not been canceled or non-renewed in the last three years (not applicable in MO)

☐ True ☐ False If "False", explain:

3. Insured does not occupy more than 25,000 square feet ☐ True ☐ False

4. The applicant has not, is not and will not act as franchiser (grantor of a franchise) ☐ True ☐ False

5. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers ☐ N/A ☐ True ☐ False

6. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring ☐ N/A ☐ True ☐ False

7. Functioning and operational smoke and/or heat detectors in all units and/or occupancies ☐ True ☐ False

General Liability 1. No packing, assembly or manufacturing of any products ☐ True ☐ False

2. No artisan contractors/general contractors ☐ True ☐ False



Section 4: Eligibility Criteria (Continued)

3. No retail or wholesale of products ☐ True ☐ False

Travel Agent - No organizing or guiding of tours ☐ True ☐ False

Medical Office - Applicant does not provide physical rehabilitation services ☐ True ☐ False

Appraisers - No rare or collectible property coverage requested ☐ True ☐ False

Real Estate - No property management ☐ True ☐ False

Professional Lines - 1. During the past five years no claim has been made or suit brought against the applicant, its predecessor(s) in business or any of its present or former owner, partners, officers, directors, employees or independent contractors? ☐ True ☐ False

If "False", explain:

2. No owner, partner, officer, director, employee or independent contractor is aware of a circumstance, allegation, contention or incident which may result in a claim being made against the applicant, its predecessor(s) in business or any of its present or former partners, owners, officers, directors, employees or independent contractors? ☐ True ☐ False

If "False", explain:

Section 5: Additional Applicant Information

Form of business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other

What year did the business start?

Applicant's mailing address:

Email address of primary contact:

Phone:

Inspection contact name:

Phone/Email:

Audit contact name:

Phone/Email:

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature:

Title:

Date:



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Section 6: Cyber Liability

1. Do you process payment cards? ☐ Yes ☐ No

2. Estimated annual number of payment card transactions

Section 7: 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.

Section 8: 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 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: