

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: GENERAL INFORMATION

How did you hear about us?		
Name of Insured (as it should appear on the policy):		
<input type="checkbox"/> New Account	<input type="checkbox"/> Renewing Coverage	
Doing Business as (DBA):		
Mailing Address:		
City:	State:	Zip:
Contact Name:	Birth Date:	FEIN/SS#:
Phone	Fax:	Cell:
Email Address:	Website:	
Start my coverage on this date:		

Section 2: BUSINESS INFORMATION

Type of entertainers/performers/bands (check all that apply)		
<input type="checkbox"/> Balloon Artists	<input type="checkbox"/> Band (tribute, wedding, garage)	<input type="checkbox"/> Belly Dancers
<input type="checkbox"/> Bugle Corp (Instrumental)	<input type="checkbox"/> Caricature Sketching Artists	<input type="checkbox"/> Celebrity Look-alikes
<input type="checkbox"/> Choral Group	<input type="checkbox"/> Clowns	<input type="checkbox"/> Comedians
<input type="checkbox"/> Contortionists	<input type="checkbox"/> DJ's or KJ's	<input type="checkbox"/> Drum Corp
<input type="checkbox"/> Face/body Painters	<input type="checkbox"/> Holiday Characters	<input type="checkbox"/> Impersonators
<input type="checkbox"/> Impressionists	<input type="checkbox"/> Jugglers	<input type="checkbox"/> Magicians
<input type="checkbox"/> Mimes	<input type="checkbox"/> Musical Ensemble (quartet, duo, instrumental)	<input type="checkbox"/> Poets
<input type="checkbox"/> Puppeteers	<input type="checkbox"/> Storytellers	<input type="checkbox"/> Ventriloquists
<input type="checkbox"/> Western Performers	<input type="checkbox"/> Yodelers	
<input type="checkbox"/> Other - subject to approval (please describe):		

Section 2: BUSINESS INFORMATION

2. If applicable, the type of music genres performed and the % of each (check all that apply):

<input type="checkbox"/> Big Band	%	<input type="checkbox"/> Bluegrass	%	<input type="checkbox"/> Blues	%
<input type="checkbox"/> Classical	%	<input type="checkbox"/> Country	%	<input type="checkbox"/> Ethnic/World	%
<input type="checkbox"/> Folk	%	<input type="checkbox"/> Jazz	%	<input type="checkbox"/> Oldies	%
<input type="checkbox"/> Pop/Soft Rock	%	<input type="checkbox"/> R&B	%	<input type="checkbox"/> Religious/Gospel	%
<input type="checkbox"/> Swing	%	<input type="checkbox"/> Other (describe)	<input type="text"/>		%

3. Type of venues where group performs and the % at each (check all that apply):

<input type="checkbox"/> Auditoriums	%	<input type="checkbox"/> Bars	%	<input type="checkbox"/> Nightclubs	%
<input type="checkbox"/> Outdoor venues	%	<input type="checkbox"/> Reception halls	%	<input type="checkbox"/> Schools/Universities	%
<input type="checkbox"/> Other (describe)	<input type="text"/>			%	

4. Do you own or operate your own facility? ☐ Yes ☐ No

(If yes, this program only provides coverage for your operations as a band or performing group.)

5. Are any of the events where the group performs part of a promoted tour? ☐ Yes ☐ No

6. Annual Gross Revenue:

7. What is the maximum daily attendance at any one performance?

8. Do you have more than 30 members in the performing group? ☐ Yes ☐ No

9. Is at least one member or representative of the group 18 or older? ☐ Yes ☐ No

10. Do you conduct/perform operations outside the US? ☐ Yes ☐ No

If yes, How many times per year do you perform outside the U.S.?

If yes, What is the maximum number of days you will spend outside the U.S. for performances?

Do your performances include any of the following: ☐ Yes ☐ No

- Animals • Athletic activity • Body surfing/mosh pits • Circus act
- Fireworks/pyrotechnics • Full body art/painting • Hot wax impressions • Hypnotism
- Stunts and/or strength acts • Throwing of object(s) into the audience during a performance
- Weapons (live ammunition/sharpened blades) • Use of non-FDA approved/compliant products
- Permanent tattoos or body piercing • 2,500 or more in attendance

Note: The exposures/activities listed above are not covered by this program and any resulting claims will be denied

Section 3: Optional Coverage Available

Sexual Abuse or Sexual Molestation Liability OR Abuse, Molestation, Harrassment

☐ Check here & skip this section if you do not want this coverage option. Coverage is contingent upon underwriting review and approval of the following questionnaire.

1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present? ☐ Yes ☐ No

2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? ☐ Yes ☐ No

a. Are you aware of any occurrences that could lead to a claim? ☐ Yes ☐ No

If yes to 2 or 2a please explain:

3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? ☐ Yes ☐ No

a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? ☐ Yes ☐ No

b. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member? ☐ Yes ☐ No

c. Do the written procedures establish and require adherence to the "three person rule"? ("Three person rule" prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.) ☐ Yes ☐ No

If no, do the procedures establish if and when exception to the "three person rule" are permissible as part of your operations/activities? ☐ Yes ☐ No

4. Please complete the following questions regarding employee and volunteer screening controls used by your organization. ☐ Check here and skip the chart below if you have no employees or volunteers but always require the presence of at least two adults whenever minors are present.

Please Complete All Questions

Employees ☐ N/A

Volunteers ☐ N/A

Are written applications required?

☐ Yes ☐ No

☐ Yes ☐ No

If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related?

☐ Yes ☐ No

☐ Yes ☐ No

If yes & applicant checks yes, do you reject the applicant?

☐ Yes ☐ No

☐ Yes ☐ No

Are background checks provided by a third party vendor/service?

☐ Yes ☐ No

☐ Yes ☐ No

If yes, do you reject an applicant with any history of physical violence or sex related offenses?

☐ Yes ☐ No

☐ Yes ☐ No

Please explain any "No" responses to questions asked in #4:

Section 3: Optional Coverage Available (continued)

Rates

Options	Annual Revenue	Rate
<input type="checkbox"/> Option 1 - \$1,000,000 Sexual Abuse or Molestation Liability	\$30,000 or less	\$150.00
	\$30,001 - \$100,000	\$200.00
	\$100,001 - \$200,000	\$300.00
	\$200,001 - \$300,000	\$400.00
	\$300,001 - \$400,000	\$500.00
	\$400,001 - \$500,000	\$600.00
<input type="checkbox"/> Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$1.00 - \$500,000	\$100.00



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Section 4: Cyber Liability

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

2. Estimated annual number of payment card transactions

Section 5: 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 6 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: