THE CIA

BUSINESS AUTO APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 Simpsonville SC 29681

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 864-688-0138

Section 1: INSURED INFORMATION

How did you hear about us? ...		
Name Insured:	Date:	
Contact Name:		
Form of Business: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax:	Email:
Birth Date:	FEIN/SS:	Website:
Location Address:		
City:	State:	Zip:
Desired Effective date:	Is this a new business? ☐ Yes ☐ No	
What states do you operate in?:		

Section 2: VEHICLE INFORMATION

List of each vehicle that you will be using for your business including:			
Vehicle 1:	Year:	Make:	Model:
Body Type:	Vehicle Identification Number:		
Curb Weight:	Cost New:		
Radius in miles vehicle will be driven:			
Coverage requested:			
Liability Limits: ☐ 300,000 ☐ 500,000 ☐ 1,000,000 ☐ 2,000,000 ☐ 5,000,000			
Medical: ☐ 500 ☐ 1,000 ☐ 2,500 ☐ 5,000 ☐ 10,000			
Uninsured Motorist Limits: ☐ 15,000 ☐ 30,000 ☐ 50,000 ☐ 100,000 ☐ 250,000			
Underinsured: ☐ Yes ☐ No	Collison Deductible: ☐ 500 ☐ 1,000		
Comprehensive Deductible: ☐ 500 ☐ 1,000	Additional Add on Equipment Value:		

Vehicle 2:	Year:	Make:	Model:
Body Type:	Vehicle Identification Number:		
Curb Weight:	Cost New:		
Radius in miles vehicle will be driven:			

Section 2: VEHICLE INFORMATION (Continued)

Vehicle 2 (CONTINUED):			
Liability Limits: ☐ 300,000 ☐ 500,000 ☐ 1,000,000 ☐ 2,000,000 ☐ 5,000,000			
Medical: ☐ 500 ☐ 1,000 ☐ 2,500 ☐ 5,000 ☐ 10,000			
Uninsured Motorist Limits: ☐ 15,000 ☐ 30,000 ☐ 50,000 ☐ 100,000 ☐ 250,000			
Underinsured: ☐ Yes ☐ No	Collison Deductible: ☐ 500 ☐ 1,000		
Comprehensive Deductible: ☐ 500 ☐ 1,000	Additional Add on Equipment Value:		

Vehicle 3:	Year:	Make:	Model:
Body Type:	Vehicle Identification Number:		
Curb Weight:	Cost New:		
Radius in miles vehicle will be driven:			
Liability Limits: ☐ 300,000 ☐ 500,000 ☐ 1,000,000 ☐ 2,000,000 ☐ 5,000,000			
Medical: ☐ 500 ☐ 1,000 ☐ 2,500 ☐ 5,000 ☐ 10,000			
Uninsured Motorist Limits: ☐ 15,000 ☐ 30,000 ☐ 50,000 ☐ 100,000 ☐ 250,000			
Underinsured: ☐ Yes ☐ No	Collison Deductible: ☐ 500 ☐ 1,000		
Comprehensive Deductible: ☐ 500 ☐ 1,000	Additional Add on Equipment Value:		

Vehicle 4:	Year:	Make:	Model:
Body Type:	Vehicle Identification Number:		
Curb Weight:	Cost New:		
Radius in miles vehicle will be driven:			
Liability Limits: ☐ 300,000 ☐ 500,000 ☐ 1,000,000 ☐ 2,000,000 ☐ 5,000,000			
Medical: ☐ 500 ☐ 1,000 ☐ 2,500 ☐ 5,000 ☐ 10,000			
Uninsured Motorist Limits: ☐ 15,000 ☐ 30,000 ☐ 50,000 ☐ 100,000 ☐ 250,000			
Underinsured: ☐ Yes ☐ No	Collison Deductible: ☐ 500 ☐ 1,000		
Comprehensive Deductible: ☐ 500 ☐ 1,000	Additional Add on Equipment Value:		

Section 3: DRIVER INFORMATION

For each Driver we will need the following:		
Name:	Marital Status: ☐ Single ☐ Married ☐ Divorced	
Address:		
City:	State:	Zip:
Date of Birth:	Years Experience Driving:	Sex: ☐ Male ☐ Female
Year received license:	Social Security Number:	
License #: State:	Percent this person will be using vehicle:	

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Section 3: DRIVER INFORMATION (Continued)

Name:	Marital Status: ☐ Single ☐ Married ☐ Divorced	
Address:		
City:	State:	Zip:
Date of Birth:	Years Experience Driving:	Sex: ☐ Male ☐ Female
Year received license:	Social Security Number:	
License #: State:	Percent this person will be using vehicle:	

Name:	Marital Status: ☐ Single ☐ Married ☐ Divorced	
Address:		
City:	State:	Zip:
Date of Birth:	Years Experience Driving:	Sex: ☐ Male ☐ Female
Year received license:	Social Security Number:	
License #: State:	Percent this person will be using vehicle:	

Name:	Marital Status: ☐ Single ☐ Married ☐ Divorced	
Address:		
City:	State:	Zip:
Date of Birth:	Years Experience Driving:	Sex: ☐ Male ☐ Female
Year received license:	Social Security Number:	
License #: State:	Percent this person will be using vehicle:	

Section 4: GENERAL INFORMATION QUESTIONS

With the exception of encumbrances, are any vehicles not solelyowned by and registered to the applicant?	☐ Yes	☐ No
Do over 50% of the employees use their autos in the business?	☐ Yes	☐ No
Is there a vehicle maintenance program in operation?	☐ Yes	☐ No
Are any vehicles leased to others?	☐ Yes	☐ No
Are any vehicles customized, altered or have special equipment?	☐ Yes	☐ No
Are ICC, PUC or other filings required?	☐ Yes	☐ No
Do operations involve transporting hazardous material?	☐ Yes	☐ No
Any hold harmless agreements?	☐ Yes	☐ No
Any vehicles used by family members? If so, Identify in remarks.	☐ Yes	☐ No
Does the applicant obtain MVR verifications?	☐ Yes	☐ No
Does the applicant have a specific driver recruiting method?	☐ Yes	☐ No
Are any drivers not covered by workers compensation?	☐ Yes	☐ No

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Section 4: GENERAL INFORMATION QUESTIONS

Any vehicles owned but not scheduled on this application?	☐ Yes	☐ No
Any drivers with moving traffic violations?	☐ Yes	☐ No
Has agent inspected vehicles?	☐ Yes	☐ No
Do you need any additional insured's added to this policy? This would include one that has a license on the vehicle you plan on using.	☐ Yes	☐ No

Section 5: REMARKS

Section 6: SIGNATURE

Signature	Date

Digitally sign above and click the "Save Application" button to complete your application. Be sure to remember where you save it (usually in the "My Documents" folder). Then just send us an email to apps@cossioinsurance.com and attach the PDF Application. You may also print out the application and mail it to PO Box 188, Simpsonville, SC 29681.

SAVE APPLICATION

THE CIA

FRAUD STATEMENTS

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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: