



COSSIO INSURANCE AGENCY

BUSINESS INSURANCE APPLICATION

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Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to one of the agents listed below.

Company Name: _____ Start Date: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Best time to contact: Morning Afternoon Evening

Birth Date: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Type of business/ provide a detailed description of operations: _____

Year Business Started: _____ Current Insurance Carrier: _____

Policy Number: _____ Expiration Date: _____

Liability Limits: _____ Liability Deductible: _____

Property Limits: _____ Property Deductible: _____

Is company cancelling coverage: yes no If yes, why?: _____

Annual Sales: \$ _____ Current premium(s): \$ _____

Any claims in the last five years? yes no

Building value: \$ _____ Inventory value: \$ _____

Fixtures value: \$ _____ Loss of income: _____

Are windows protected with bars? yes no

Do premises have central station burglar alarm? yes no

Construction type: Block Frame Steel Year Built: _____

Number of Stories: _____ Total Area: _____

Building improvements (if over 20 years old): Wiring Year: _____ Plumbing Year: _____

Roofing Year: _____ Heating Year: _____ Other: _____ Year: _____

Applicant's Signature

Date