



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

Policy number: Insured entity:
Contact name:
Phone: Fax:
Check the type of certificate you are requesting:
Loss payee Additional insured Evidence of coverage

Section 2: CERTIFICATE HOLDER INFORMATION

Entity name:
Mailing address:
City: State: Zip:
Relationship to insured entity: Owner/lessor of premises Sponsor Co-promoter
Mortgagee Franchisor Event organizer Lessor of equipment and contents
Other (please identify/explain):

If applicable:
Date(s) of event/activity: / / to / /
Hours of event/activity: A.M./P.M. to A.M./P.M.
Type of event/activity:
Name of event/activity:
Location of event/activity:
City: State: Zip:

Need by date: / /
Special certificate language needed (please explain/attach):

Section 3: DOCUMENT DELIVERY

This certificate will be delivered via e-mail.
E-mail to:
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)