



## Concessionaire & Vendors Product 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: Instant Quote Information

How did you hear about us?

Applicant's name:

DOB:

FEIN/SS:

Location Address:

City:

State:

Zip:

Description of operations:

How many years has the applicant been at the current location?

1. Liability Limit: ☐ \$100,000/\$200,000 ☐ \$300,000/\$600,000 ☐ \$500,000/\$1,000,000  
☐ \$1,000,000/\$1,000,000 ☐ \$1,000,000/\$2,000,000 ☐ \$1,000,000/\$3,000,000  
☐ \$2,000,000/\$2,000,000 ☐ \$2,000,000/\$3,000,000

Classification: ☐ Indoor (airport, bus terminal, museum, office building, rest stop, shopping mall, train station, etc.) ☐ Outdoor (athletic fields, beaches, public parks, public streets/sidewalks, school campuses)

For "Outdoor", please indicate if stand operated at: ☐ Same location daily ☐ Varying locations  
☐ Fair or flea market vendor

For "Fair or flea market vendors", is stand operated at: ☐ The same event throughout year  
☐ Varying Events

For "Varying events", provide the number of events:

☐ Seasonal lot or tent (Christmas trees, flowers, pumpkins) – 90 day term ☐ Mobile Truck Vendor (motorized truck or vehicle) ☐ Food truck ☐ Merchandise (no food) truck

Annual sales: \$

Number of trucks/stands:

Does applicant park at a specific location (public street, school campus, fair/carnivals, etc) for at least one (1) hour selling to customers? ☐ Yes ☐ No

Does applicant park at a specific construction site, office building or manufacturing building, for the purpose of selling breakfast and/or lunch to the workers or employees of that site or building?  
☐ Yes ☐ No

Does applicant sell any of the following products (not including prepaid food or beverage):  
☐ Yes ☐ No If yes, please check off items on next page.



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### Section 1: Instant Quote Information (continued)

- ☐ Collectables or memorabilia ☐ Goods manufactured by applicant ☐ Hearing aids  
☐ Hobby or craft ☐ Homemade products ☐ Optical goods (prescription)  
☐ Packaged or prepackaged goods ☐ Products directly imported by applicant ☐ Toys  
☐ Under own brand or label ☐ Used or refurbished products

*Additional Coverage for Warehouses and Offices: General liability and property coverage is also available for warehouse or office locations. If any warehouse or office locations are to be scheduled, please complete the "Warehouse or Office Locations" section on page 4 of this application.*

### Section 2: Loss of Information for the Past 3 Years

Liability Coverages ☐ None, or provide detail below

Year	Status	Incurred	Description

Inland Marine Coverages ☐ None, or provide detail below

Year	Status	Incurred	Description

**Inland Marine Section** (If bound, scheduled property requires description of each item, year, manufacturer, model serial number and limit of insurance for each item)

Limit of insurance for scheduled property and equipment:

Limit of insurance for miscellaneous property (\$2,500 maximum per item):

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

### Section 3: Eligibility Criteria

1. No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years ☐ True ☐ False



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### Section 3: Eligibility Criteria (continued)

2. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) ☐ True ☐ False

If "False," advise reason

#### General Liability

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

4. No leasing or subleasing of premises to others ☐ True ☐ False

5. Not operating inside an amphitheater, arena, ball park, concert hall, stadium or theatre  
☐ True ☐ False

6. Applicant is not responsible for more than 40 stands/kiosks ☐ True ☐ False

7. Applicant is not the owner, organizer, or sponsor (other than financial sponsor) of a fair, festival, carnival, market, exhibit or similar event (booth operator or financial sponsors are eligible)  
☐ True ☐ False

8. Does applicant sell any of the following products: ☐ Ammunition, firearms or weapons  
☐ Cars or vehicles ☐ Fire or security alarm or device ☐ Fireworks ☐ Flying or aerial objects  
☐ Goods rented to others ☐ Massage products ☐ Medical supplies

9. Does applicant operate or provide any of the following services: ☐ Acupressure or massage services ☐ Athletic clubs or activities ☐ Bathroom attendants ☐ Coat check ☐ Contracting or construction ☐ Farms ☐ Games of chance ☐ Ice cream trucks (mobile)  
☐ Lunch or catering trucks (mobile) ☐ Mechanical rides ☐ Rock climbing walls  
☐ Shoe shine ☐ Tattoo or body piercing ☐ Transportation services

10. Does or will applicant ever operate in an ice cream truck or in the manner of a traditional ice cream truck i.e selling any goods while continually moving and stopping temporarily at the request of a prospective customer(s)? ☐ Yes ☐ No

11. Applicant sells goods to customers directly from a motorized truck or vehicle (ie from window or side/back panel) ☐ True ☐ False

12. Applicant does not generate more than 50% sale of tobacco, tobacco products, hookah, electronic cigarettes or other tobacco related products ☐ True ☐ False

13. Operations do not involve customers entering on or into premises owned or leased by the applicant to shop ☐ True ☐ False

#### Inland Marine

1. Property or equipment is not salesperson's samples ☐ True ☐ False



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### Section 3: Eligibility Criteria (continued)

- |                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Property is not ocean marine or property on the water <input type="checkbox"/> True <input type="checkbox"/> False                        |
| 3. Property or equipment is not routinely sent by mail or parcel post <input type="checkbox"/> True <input type="checkbox"/> False           |
| 4. Insured does not lease, loan or rent covered property or equipment to others <input type="checkbox"/> True <input type="checkbox"/> False |
| 5. Property or equipment is not left unlocked and/or unsecured when not in use <input type="checkbox"/> True <input type="checkbox"/> False  |
| 6. No objects are unique or difficult to replace, rare or collectible <input type="checkbox"/> True <input type="checkbox"/> False           |
| 7. Applicant is not a stamp dealer or trading card dealer <input type="checkbox"/> True <input type="checkbox"/> False                       |

### Section 4: Additional Applicant Information

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

What year did the business start?

Applicant's mailing address:

City:

State:

Zip:

Email Address of primary contact:

Phone:

Inspection contact name:

Telephone/E-mail address:

Audit contact name:

Telephone/E-mail address:

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name:

License #:

Agent's signature:

Main agency phone number:

Agency mailing address:

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 estop 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:



## Warehouse of Office Locations

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### Section 1: General Information

1. This location is a: ☐ Warehouse, or ☐ Office

Location address:

City:

State:

Zip:

2. Area occupied by the applicant sq. ft.

### Section 2: Property (available only for warehouse and/or office locations)

3. Construction: ☐ Frame ☐ Non-combustible ☐ Modified fire-resistive ☐ Joisted masonry  
☐ Masonry non-combustible ☐ Fire-resistive

4. Protection class:

5. Cause of loss: ☐ Basic ☐ Special

Valuation: ☐ Replacement cost ☐ Actual cash value

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

Coinsurance: ☐ 80% ☐ 90% ☐ 100%

7. Business personal property limit:

8. Business income & extra expense limit:

9. What type of burglar alarm is on the premises? ☐ Central Station ☐ Local ☐ None

10. Is the building fully protected by an operational sprinkler system covering 100% of the premises?  
☐ Yes ☐ No

**For Building Owners Only:** 11. Building limit: \$

12. What year was the building constructed?

Year of latest roof update:

13. If the building is older than 10 years old, please complete the following:

Roof type: ☐ Flat ☐ Wood shake ☐ Shingle ☐ Metal ☐ Tile ☐ Slate ☐ Other

Plumbing update: ☐ PVC ☐ Copper ☐ Lead ☐ Galvanized ☐ Other

14. Total square foot area of building:

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

If yes, number of units applicable sq. ft.

### Section 3: Loss Information for the Past 3 Years

Property Coverages ☐ None, or provide detail below:

Year	Status	Incurred	Description



## Warehouse of Office Locations

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### Section 4: Eligibility

**Liability** 17. All office or warehouse locations are for the operation or storage of merchandise for your concessionaire or vendor business only ☐ True ☐ False

**Property** 18. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers ☐ N/A ☐ True ☐ False

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

20. Functioning and operational fire extinguishers readily available ☐ True ☐ False

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

22. No antiques, collectibles or reconditioned business personal property ☐ True ☐ False

Applicant's signature

Title

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: