

Cossio Insurance Agency Form

1. Complete the enrollment form (both pages) in full.
2. Please make check or money order payable to Cossio Insurance Agency.
3. Mail your completed enrollment form and premium payment to the address on the second page.

Name of Policyholder _____

(Last, MI, First)

Address of Policyholder _____

(Address/City/State/Zip)

Requested Effective Date ____/____/____/

Requested Termination Date _____

Activity to be Covered: (circle one)

Sports Camp

Tackle Football

Day Care

Martial Arts

Youth Sports

Youth Group

Dance Studio

Adult Sports

Adult Groups

Baseball & Softball

Special Events

Boxing & Wrestling

JROTC

Accident Medical Insurance

Maximum Medical Expense Benefit \$ _____

Accidental Death & Dismemberment Benefit \$ _____

Deductible Amount \$ _____

Liability Insurance

Maximum Per Occurrence \$ _____

Maximum Per Aggregate \$ _____

Questions? Call us at (864) 862-2838.

Premium Computation

Classification of Insured Persons	# Eligible	Rate	Total Rate
1 _____	_____	x _____	= _____
2 _____	_____	x _____	= _____
3 _____	_____	x _____	= _____
4 _____	_____	x _____	= _____

Total Premium \$ _____

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits application or files claim containing a false or deceptive statement is guilty of insurance fraud. The accident medical insurance coverage is provided by American National Life Insurance Company of Texas, an American National Company, Legion Insurance Company, an MRM Company or Commercial Travelers Mutual Insurance Company. The liability coverage is offered through the Youth Sports Association Purchasing Group, pursuant to the Federal Risk Retention Act of 1996. Premium computation is subject to possible audit.

Applicant's Signature _____ Date ____/____/____

Make check payable to "Cossio Insurance Agency" and mail, along with both pages of this application, to:

Cossio Insurance Agency
P.O. Box 1304
Fountain Inn, SC. 29644

Or fax it to: (801) 640-9298. Questions? Call us at (864) 862-2838.
We will mail you a copy of your policy, along with a receipt.