



ENTERTAINERS INSURANCE APPLICATION

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

DIRECTIONS:

1. Complete the enrollment form (all pages) in full by filling in the blue fields.
2. Please fill in all the fields with the correct information.
3. Mail the completed quote request form to:
PO Box 188 Simpsonville SC 29681 or email the application to apps@cossioinsurance.com

Section 1: GENERAL INFORMATION

Legal Entity Name		DBA:	
Phone Number:	Fax Number:	Date of Birth:	
Primary Email Address:		Web Address:	
Business Address:			
City:	State:	Zip:	
Mailing Address:			
City:	State:	Zip:	

Section 2: BUSINESS & INSURANCE INFORMATION

Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:				
Years Performing / Year Established:		FEIN / Social Security Number:		
Current Insurer:		Current Limits of Coverage:		
Proposed Effective Date		Current Premium:		
Any training, designations, affiliations, memberships?				
Is this policy being non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes explain:				
Insurance claims against you in the past 5 Years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list below.				
Date of Claim	Description of Claim	Is is still open?	How much was paid?	How much is in Reserve?
Your Annual Gross Revenue from Entertaining is \$				
Describe your performance for us:				
Performances typically occur: <input type="checkbox"/> Outdoors <input type="checkbox"/> Private Homes <input type="checkbox"/> Indoor Venues <input type="checkbox"/> Convention Ctrs. <input type="checkbox"/> Other				
Does your performance include audience participation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," please describe:				



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Section 3: LIMITS OF LIABILITY

General Liability Limits are provided at \$1,000,000 Per Occurrence / \$2,000,000 Aggregate

Stop Gap Liability Limit (select one)

N/A \$100,000/\$500,000/\$100,000 \$1,000,000/\$1,000,000/\$1,000,000

Section 4: RISK ASSESSMENT QUESTIONS

Contracts - Do you have a contract with all of your clients? Yes No If Yes, please submit a copy.

Subcontractors - Do you use subcontractors/other performers in any performances? Yes No

If "Yes," do you require that you/the business be listed as an additional insured on their insurance?

Yes No

What limits of liability do you require your subcontractor to carry? \$

Do you obtain a certificate or proof of insurance from all your subcontractors? Yes No

If No, please explain:

Please provide details to any "Yes" answers below.	Yes	No
Do you have any other insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Any insurance declined, cancelled or non-renewed in the past 3 years (N/A in MO)	<input type="checkbox"/>	<input type="checkbox"/>
Have you been or are you active in any joint ventures or other corporations?	<input type="checkbox"/>	<input type="checkbox"/>
Any past losses or claims relating to sexual abuse/molestation allegations?	<input type="checkbox"/>	<input type="checkbox"/>
Any past losses or claims relating to discrimination or negligent hiring allegations?	<input type="checkbox"/>	<input type="checkbox"/>
Are any entertainers under age 18 involved in your performance?	<input type="checkbox"/>	<input type="checkbox"/>
Any animal related exposures in your performance?	<input type="checkbox"/>	<input type="checkbox"/>
Does your performance include adult entertainment or adult themes?	<input type="checkbox"/>	<input type="checkbox"/>
Are your performances similar in style to a Broadway show or production number?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use any weapons, fireworks or pyrotechnics in your performances?	<input type="checkbox"/>	<input type="checkbox"/>
Do you organize any acrobatics, stunts/other special effects for your performances?	<input type="checkbox"/>	<input type="checkbox"/>
Any crimes, attempted or successful, on your premises in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Any exposure to radioactive or nuclear materials?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the questions above please explain here:



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Section 5: INLAND MARINE/MOBILE PROPERTY (Optional) \$500 Deductible Applies

If you want a quote for incidental loss or damage, list your equipment below or attach a separate schedule.

Equipment Description	Cost of the Equipment	Serial Number (if applicable)

Again, you may also attach a separate schedule of equipment.

Section 6: NAME APPLICATION (Optional)

Enrollment Type: Band/Entertainer Event Planner Booking Agent

Effective date requested:

Number of members in band/Number of employees:

Average number of jobs per month:

Maximum number of venues serviced on 1 day:

Sign up date:

Section 7: FRAUD WARNINGS

GENERAL FRAUD 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 FLORIDA: 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.



Section 7: FRAUD WARNINGS (Continued)

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.

Section 8: SIGNATURES

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

This application is understood to be an inducement to the issuance of a policy of insurance by the Company. The undersigned hereby authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Applicant Name: Signature: Date:

Any additional correspondence should be emailed to your CIA Agent or faxed to 864-688-0121.

Section 9: OFFER OR TERRORISM COVERAGE

Disclosure of Premium and Federal Participation

The Terrorism Risk Insurance Act of 2002 establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States.

In accordance with the Terrorism Risk Insurance Act of 2002, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program as an act of terrorism committed by an individual(s) acting on behalf of a foreign person or foreign interest. The policy's other provisions will still apply to such an act. You may accept or reject this offer.

You may choose to reject the offer by signing the enclosed statement and returning it to us, and your policy will be written to exclude the described coverage.

Rejection of Terrorism Insurance Coverage

I hereby reject the offer of terrorism coverage. I understand that an exclusion of certain terrorism losses will be made part of this policy.

Policyholder/Applicant's Signature:		Date:
Print Name:	Policy Number (if applicable)	

Disclosure of Premium

If you accept this offer, the premium for terrorism coverage is \$

Disclosure of Federal Participation in Payment of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 90% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

The following statement is required to be part of this Policyholder Disclosure in Georgia:

LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program) The provisions of the Terrorism Risk Insurance Act of 2002 can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

SAVE APPLICATION