



# FAMILY ENTERTAINMENT CENTER APPLICATION

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: BUSINESS INFORMATION

How did you hear about us?		
Corporate Name:		Effective:
Trade Name:	Contact Name:	
Mailing Address:		
City:	State:	Zip:
Location Address: (If different from Mailing Address)		
Address:		
City:	State:	Zip:
# of Yrs. In Operation:	Phone:	Fax:
Telephone # in off Season:		Annual Receipts:
Total Acreage of Facility:		Sq Ft Bldg Area:
Hours of Operation:		Operating Season of Facility:
*IALEI Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Did you hear about our Program?	
Email:		Website:
Date of Birth:		FEIN/SS:

## Section 2: OPERATIONS EXPOSURES

Type	Please Complete		Annual Receipts
Coin-Op Amusement Equipment	How Many?	# of Attendants:	
	Equipment is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased		
	Are Machines Properly Grounded? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Non-slip, non conductive floor covering? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Provide your own maintenance on equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bumper Boats	How Many?	Manufacturer Name:	
	# of Operators?	Ht. of Observation Fence? ft	
	Operators at least 10 yrs. old or taller than 48"? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Depth of water 4ft or less? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max Engine HP:	
Bumper Cars	How Many?	Manufacturer Name:	
	How many attendants?	Min. Height Req:	



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## Section 2: OPERATIONS EXPOSURES (Continued)

Type	Please Complete	Annual Receipts
<b>Bumper Cars (Continued)</b>	Cars Equipped with dash & headrest pads? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Type of Seat Belt: _____ Min. Height Req: _____	
	Wheel Pads on Steering Wheels? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Batting/Pitching Cages</b>	How Many? _____ Non-Skid surface <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reduced Injury Factor (RIF) baseballs used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cages Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No Min Age of Participants: _____	
<b>Coin-Op Rides</b>	How Many? _____	
	Describe: _____	
<b>Go Karts</b>	How Many? _____ # of Tracks: _____ Max Speed: _____ Mph	
	# of Attendants: _____ Seat Belts Req'd? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bumper Guards & Roll Bars? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Attendant Operated Rides</b>	How Many? _____ Describe on attached addendum	
<b>Laser Tag</b>	Sq Ft Area: _____	
<b>Bounce Play/Soft Play-on Facility premises</b>	Describe: (See attached Inflatable supplement)	
<b>Miniature Golf</b>	# of Courses: _____ # of Holes? _____	
	Founts/Waterfalls Equip.w/Ground Fault Interrupters? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Driving Ranges</b>	# of Stalls: _____ Partitions Between Stalls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Gift/Pro- Shops</b>		
<b>Food Operations: Concession? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	Cooked on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, Deep Fryer Grill on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Prepackaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Alcoholic Beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Room Rentals</b>	Type: _____	
<b>Bowling</b>	# of Lanes: _____ Lane Construction: <input type="checkbox"/> Wood <input type="checkbox"/> Synthetic	
	Complete attached Bowling Center Supplement	
<b>Inflatable Rentals</b>	Complete attached Inflatable Rental Supplement	
<b>Paintball</b>	Complete attached Inflatable Rental Supplement	



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## Section 2: OPERATIONS EXPOSURES (Continued)

Type	Please Complete	Annual Receipts
Water Slides	# of Slides: _____ Describe each slide on Addendum below	
Ice Skating	Square feet area of Skating Surface: _____	
	Surface Composition under ice? _____	
	Date Last Resurfaced: _____ Rink is: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
	Waivers /disclaimers on tickets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Roller Skating	Square feet area of Skating Surface: _____	
	Surface Composition: _____	
	Max rink capacity at any one time: _____	
	Waivers /disclaimers on tickets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	Describe: _____	
Other	Describe: _____	
Other	Describe: _____	

## Section 3: RIDES, INFLATABLES, SLIDES ADDENDUM

#	Name	Description	Attraction Hgt.	Age/Hgt. Requirements	Manufacturer	Receipts
1						
2						
3						
4						
5						
6						
7						
8						
9						

## Section 4: OPERATIONS

Average Annual Attendance: _____	Are any alcoholic beverages served? <input type="checkbox"/> Yes <input type="checkbox"/> No
Beer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wine? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you sponsor any sporting or social events? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, describe below:	



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## Section 4: OPERATIONS (Continued)

Certificates Received from all concessionaires? <input type="checkbox"/> Yes <input type="checkbox"/> No	Teams, Leagues, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sponsor any type of competition? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Do you provide live entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Live Music? <input type="checkbox"/> Yes <input type="checkbox"/> No
Disc Jockey? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dance Floor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does facility conduct fireworks display? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section 5: FACILITY PROTECTION

Do you have parking facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Owned <input type="checkbox"/> Leased
If open after dark, are parking areas lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The fire department is staffed by: <input type="checkbox"/> Professionals <input type="checkbox"/> Volunteers	
Is there an independent water source? <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance of nearest fire station to the facility:
Is there a fire alarm system on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are fire hydrants & hoses easily accessible in all buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How often are they checked?	Number of Fire Extinguishers:
Do all indoor facilities comply with all local life-safety codes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you comply with all local, state, building, concession, sanitary codes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance to nearest Medical Facility:	How many exits from premises?
Is there an emergency lighting system on premises and/or building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many full time employees do you have?	How many part time/seasonal employees do you have?
Do you employ Security Guards? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they armed? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 6: GO-KART SUPPLEMENT

Length of Track:	Type Of Track: <input type="checkbox"/> Slick <input type="checkbox"/> Dry
Track Fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fences meet ASTM F-24 Requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Perimeter Barrier:	Go-Kart Manufacturer:
Minimum Age Requirement:	Minimum Height:
Number of Single Carts:	Number of Double:
Number of Karts on Track at once:	Maximum Speed:
Speed Governors on Karts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Seat Belt:
Operator Cut-Off System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Helmets Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Track Rules Clearly & Prominently Posted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Signs <input type="checkbox"/> Yes <input type="checkbox"/> No



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## Section 6: GO-KART SUPPLEMENT (Continue)

Any Racing Allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So Describe Circumstances:
Is Gasoline Stored Away from Track Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How Far is Refueling Area from Track?	
Spectators Clearly Separated from Track? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Patrons Given waivers to Sign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Attach a Copy	
Draw Shape of Track:	

## Section 7: BOWLING CENTER SUPPLEMENT

Please complete the following, where applicable:	
Hours of Operation:	Do you contract lane refinishing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are Ball racks secured or anchored to the floor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have special events, such as Tournaments, Big Games etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any flammable liquids stored on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list products & amounts:	
Are all flammable liquids stored in UL approved containers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you sponsor any professional tournaments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are certificates of insurance obtained from the sponsoring Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lane Finish: <input type="checkbox"/> Lacquer <input type="checkbox"/> Polyurethane <input type="checkbox"/> Urethane <input type="checkbox"/> Water Based	



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## Section 8: INFLATABLE RENTAL SUPPLEMENT

Please complete the following, where applicable:

Type	Annual Receipts	Annual # Events/Units Sold	# of Items	Total Value of All Items
<input type="checkbox"/> Rental With Operators	\$			
<input type="checkbox"/> Rental W/O Operators	\$			

Are written Instructions, procedures & training provided for operators?  Yes  No

Are there written Customer Training procedures (if yes, please attach)  Yes  No

How many attendants/operators accompany each piece of equipment at the rental site?

Describe specialized training or memberships:

Is equipment ever left unattended while set up at an event?  Yes  No If Yes, explain below.

Are there Age/Height/Weight Limitations for Users?  Yes  No

If Yes, are they clearly displayed?

Do you prohibit the use by adults (>15 yrs old) & children at the same time?  Yes  No

Are inflatables set up on a flat surface & properly grounded?  Yes  No

Do you have Watchdog Siren Warning Devices: If yes, how many?  Yes  No

Is protective gear used for Interactive Games?  Yes  No

Are Release forms required from users prior to use? (if Yes, attach copy of form)  Yes  No

How is equipment transported to and from events?

Do you maintain & operate equipment in accordance with manufacturers?  Yes  No

How often is equipment inspected for damages/safety?

Is there a scheduled maintenance plan?  Yes  No

Do Manufacturers provide Certificates of Insurance and are you named as an additional insured?  Yes  No

Location Address (where equipment is stored):

City:	State:	Zip:
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Construction of Building:  Fire Resitive  Mas.Non/Comb  Joisted Masonry  Frame

Sprinklered?:  Yes  No  Central Station Alarm  Local

Burglar Alarm?  Yes  No  Central Station Alarm  Local

Required Attachments:    Equipment Schedule    Release Form    Rental Agreement    Loss Runs



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## Section 9: PAINTBALL SUPPLEMENT

Please complete the following, where applicable:

DESCRIPTION OF OPERATIONS:	Annual Paintball Receipts: \$
Annual # of Waivers Signed:	Total Sq.Ft. Area of Playing Field:
Annual Repair Receipts: \$	Annual Equipment Sales: \$
Hours of Operation:	
Are written Instructions, procedures & training provided for Participants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What are the Age/Height/Weight Limitations for Participants?	
Maximum Number of participants per game:	
Do you have special events, such as Tournaments, Big Games etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does equipment meet ASTM standards? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are safety plugs mandatory? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specify types of air fills used.	
List protective gear supplied to participants:	
Average Age of Rental Equipment:	
Indicate feet per second used at your location	
Do you repair or modify equipment sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are products sold U.S. made or purchased through a U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How often is equipment inspected for damages/safety?	
Is there a scheduled maintenance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often is equipment changed?
Do Manufacturers provide Certs. of Insurance and are you named? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are patrons separated by level of experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are spectators properly protected from the Paintball Area/Field? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the ratio of Judges to Participants?	
Are patrons in violation of the safety rules ejected? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Please Attach a copy of the safety rules enforced at your location, and a copy of the waiver of Liability.



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## Section 9: ICE SKATING SUPPLEMENT

Please complete the following, where applicable:

<input type="checkbox"/> General Admissions Annual Receipts \$	<input type="checkbox"/> Open Public Skating Annual Receipts \$
<input type="checkbox"/> Skate Rental Annual Receipts \$	<input type="checkbox"/> Hockey Annual Receipts \$
<input type="checkbox"/> Rink Rental Annual Receipts \$	<input type="checkbox"/> Ticket Sales to Spectators Annual Receipts \$
<input type="checkbox"/> Rink Sponsored Lessons Annual Receipts \$	

# of years in Ice Rink business:	Do you have seating for spectators? <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------	--

Maximum # of skaters per floor Guard:	Maximum capacity of the rink:
---------------------------------------	-------------------------------

Date floors/skating surfaces were resurfaced:	Do you have netting? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Do you have skating competitions?  Yes  No

If yes, are there sponsoring or sanctioning organizations?  Yes  No

If yes, please provide names of these organizations:

Are Rink Rules posted? (if yes attach copy) <input type="checkbox"/> Yes <input type="checkbox"/> No	Written Emergency Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Video Surveillance?  Yes  No (If yes, describe)

List Skating Associations of which you are member:

As respects Rink Rental, do you collect certificates of insurance?  Yes  No

Do participants sign individual waivers?  Yes  No

Is there a scheduled maintenance plan?  Yes  No

Location Address

City:	State:	Zip:
-------	--------	------

Construction of Building:  Fire Resitive  Mas.Non/Comb  Joisted Masonry  Frame

Sprinklered?:  Yes  No  Central Station Alarm  Local

Burglar Alarm?  Yes  No  Central Station Alarm  Local

Required Attachments Rental Agreement Loss Runs

## Section 10: LIABILITY INFORMATION

Coverage	Insurance Company	Exp. Date	Limits	Premium	Deductible	Premium Basis
General Liability						Receipts:
Umbrella						
Workers Comp						Payroll:



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## Section 11: LIABILITY CLAIMS INFORMATION\*

Indicate below, the # of Claims and Amount Incurred (paid + reserved) in each of the last 5 years:

Year	Number of Claims	Total Incurred Amount
2008 - Current		
2007 - 2008		
2006 - 2007		
2005 - 2006		
2004 - 2005		

\*Note: please forward current loss runs from your carrier, along with this application.

### Excluded Activities\*(can be handled outside the program)

Mechanical Bull	Bungee Jumping	Skateboarding	Trampolines
Hang Gliding	Sky Diving	Hot Air Balloons	Velcro Jumps
Parasailing	Parachuting	Luge	Tobogganing
Traveling Rides	Night Clubs/Discos	Temporary Outdoor Mazes	

## Section 12: WARRANTY

It is hereby understood and agreed that if insurance is issued by virtue of completing this application, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Applicant Name (Please Print or Type)

Signature of Applicant (Mandatory)

Title	Date
-------	------

Broker Name	Date
-------------	------

Signature of Producer Completing Application (If Appropriate)

## POLICY RECOMMENDATIONS (Please check any you are interested in)

General Liability <input type="checkbox"/>	Accident Medical <input type="checkbox"/>	Earthquake <input type="checkbox"/>
Inland Marine <input type="checkbox"/>	Workers Compensation <input type="checkbox"/>	Commercial Auto <input type="checkbox"/>
EPLI <input type="checkbox"/>	Flood <input type="checkbox"/>	Hired & Non-Owned Auto <input type="checkbox"/>
Umbrella <input type="checkbox"/>	Abuse / Molestation <input type="checkbox"/>	
Cyber Liability <input type="checkbox"/>		



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## Section 13: PROPERTY INFORMATION

Please complete once for each location if you are interested in a quote for your property.

Location Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Construction of Building:  Fire Resitive  Mas.Non/Comb  Joisted Masonry  Frame  
 Other (Describe)

Facility Sprinklered?:  Yes  No Fire Alarm?  Yes  No  Central Station Alarm  Local Gong

Burglar Alarm?:  Yes  No Type: \_\_\_\_\_  Central Station Alarm  Local Gong

Year Built: \_\_\_\_\_ Owner:  Yes  No Tenant:  Yes  No

Property Values Building \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_ Loss of Income \$ \_\_\_\_\_

Include in contents: All Equipment, Furniture & Fixtures, EDP, Improvements and Betterments

Crime Exposures, On Premises: Maximum Daily Cash \$ \_\_\_\_\_ Amount Overnight \$ \_\_\_\_\_

Safe?  Yes  No If Yes, Manufacturer: \_\_\_\_\_ Desired Crime Limit: \_\_\_\_\_

Additional Interests #1  Landlord  Loss Payee  Mortgagee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Interests #2  Landlord  Loss Payee  Mortgagee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Carrier Information Insurance Co. Name: \_\_\_\_\_ Date Policy Expires: \_\_\_\_\_

Annual Property Premium: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

### Property Claims Information: (Please complete for each year)

2007	Number of Claims: _____	Amount Paid: _____
2006	Number of Claims: _____	Amount Paid: _____
2005	Number of Claims: _____	Amount Paid: _____
2004	Number of Claims: _____	Amount Paid: _____
2003	Number of Claims: _____	Amount Paid: _____



**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 FLORIDIA: 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.

<b>Insured Signature:</b>	<b>Date:</b>
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## Section 14: PERSONAL PROPERTY/CONTENTS

Please list all scheduled equipment, ED&P and Improvements & Betterments that you want covered by this property policy.

#	Location	Item	Quantity	Manufacturer	Cost New	Insured Value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
<b>Total Values</b>						

**Comments:**

**SAVE APPLICATION**