



FAMILY ENTERTAINMENT CENTER RENEWAL

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

Corporate Name:

Mailing Address:

Telephone # in off Season:

Phone:

Fax:

Email Address:

Birth Date:

Last Years Anticipated Receipts: \$

Upcoming Anticipated Receipts: \$

Website:

Do you process payment cards? ☐ Yes ☐ No

Estimated annual number of payment card transactions

Section 2: GENERAL LIABILITY

Location(s) Covered:

Fill in below, total annual receipts for each attraction at above facility (facilities)

Coin-Op Amusement Equipment

Annual Receipts \$

Bumper Boats

Annual Receipts \$

Bumper Cars

Annual Receipts \$

Batting/Pitching Cages

Annual Receipts \$

Coin-Op Rides

Annual Receipts \$

Go Karts

Annual Receipts \$

Attendant Operated Rides

Annual Receipts \$

Laser Tag

Annual Receipts \$

Bounce Play/Soft Play

Annual Receipts \$

Miniature Golf

Annual Receipts \$

Driving Ranges

Annual Receipts \$

Gift/Pro-Shops

Annual Receipts \$

Food Operations Concession? ☐ Yes ☐ No

Annual Receipts \$

Alcoholic Beverages

Annual Receipts \$

Room Rentals

Annual Receipts \$



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Section 2: GENERAL LIABILITY

Climbing Wall	Annual Receipts \$
Bowling	Annual Receipts \$
Paintball	Annual Receipts \$
Bungee Trampoline	Annual Receipts \$
Off-Site Inflatable Rentals	Annual Receipts \$
Other: (describe)	Annual Receipts \$
Other: (describe)	Annual Receipts \$
Other: (describe)	Annual Receipts \$
Other: (describe)	Annual Receipts \$

Have you made any operational changes since last year's application? ☐ Yes ☐ No

If Yes, describe: (Examples: name changes or additional names, new attractions, location changes, etc.)

Section 3: NEW ATTRACTIONS

Please complete the following for any new operations not previously reported:

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

NOTE: You must notify us of all current & new attractions

Property Information: Attached is a listing of the locations & values currently insured for Property. Please review the list and make any necessary changes or indicate no changes needed.

Loss Information: If you were insured with another Insurance Company in the last 5 years, please provide updated loss runs for that period.



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Section 4: 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:

PRODUCER NAME (Please print or type):

(Signature of Producer Completing Application-If Appropriate)

Date:

Section 5: LOCATIONS

Account Name::

Locations and Values currently insured under Property Policy: (Make any necessary changes below)

Location				Building	Contents & Improvements	Loss of Income
Address	City	State	Zip			

All values submitted are correct to the best of my knowledge & belief Statement of Values submitted by:

Signed:

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:

SAVE APPLICATION