



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

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

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

## Section 1: Insured Information

How did you hear about us?

1. Name of Insured:

2. Email:

3. Mailing Address:

City:

State:

Zip:

4. Phone Number:

5. Desired Effective Date:

6. Is this ☐ New Business ☐ Renewal ☐ Additional Coverage

7. Current Policy Number:

## Section 2: Coverage Desired

A. ☐ Full Mortality ☐ Major Medical \$10,000 ☐ Major Medical \$15,000 ☐ Surgical ☐ Colic  
☐ Loss of Use ☐ Accident, Sickness & Disease

B. ☐ Specified Perils

## Section 3: Animal Information

Name of Animal #1:	Sire:	Sex:	
Purchase Price/Stud Fee:	Amount Desired:	Premium:	
Breed/Registration #:	Dam:	DOB:	Rate:
Date Purchased:	Use:		

Name of Animal #2:	Sire:	Sex:	
Purchase Price/Stud Fee:	Amount Desired:	Premium:	
Breed/Registration #:	Dam:	DOB:	Rate:
Date Purchased:	Use:		

## Section 3: Animal Information: (Continued)

1. Are any of the animals listed herein financed or leased? ☐ Yes ☐ No

Is so, state amount, when and to whom due. (Give address)

2. Is there any other insurance on any of the animals listed herein? ☐ Yes ☐ No

3. Chiefly kept on premises known as: (Give complete address of location)

4. Name and address of trainer:

5. If mare is in foal, name covering stallion & stud fee paid.

6. Has any animal above named been afflicted with any disease of sickness or received any hurt or injury in the past 12-month period? ☐ Yes ☐ No

If so, give particulars:

7. Is any animal named above to be used as a hunter/jumper/event or for racing? ☐ Yes ☐ No

If so, explain use:

8. Are eyes, legs and feet of every animal named above in normal condition? ☐ Yes ☐ No

9. Has any animal named above ever had colic or indigestion? ☐ Yes ☐ No

If so, how often?

When was the last attack?

Give cause of attack, if known:

10. How many animals did you lose by death in the past 3 years?

Cause of death?

Date of Death:

Insured amount paid \$

11. How many other animals of this type do you own?

12. Was the purchase price ☐ Cash ☐ Trade ☐ Both

If any part trade, state what it consisted of, state what amount of cash was paid:

13. Do you understand that it is required under policy to give IMMEDIATE notice by telephone of any ILLNESS, INJURY, DISEASE OR DEATH or your claim may be denied and do you agree to do so? ☐ Yes ☐ No

14. Has any other company ever rejected an application for insurance or cancelled a policy on any of the herein-described animals? ☐ Yes ☐ No

Explain:

15. Have any of the animals listed herein be previously injured? ☐ Yes ☐ No

If so, were any claims submitted and/or paid? ☐ Yes ☐ No

I declare to the best of my knowledge and belief that the animal or animals listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT.

Signature:

Date:



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### Section 3: Cyber Liability

1. Do you process payment cards? ☐ Yes ☐ No

2. Estimated annual number of payment card transactions

### Section 4: Warranty

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. 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.

### Section 5: Signature

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

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: