



HOMEOWNERS QUOTE REQUEST

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

DIRECTIONS:

1. Complete the application (all pages) in full by filling in the blue fields.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax it to 864-688-0138.

Section 1: General Information

First Insured's Information

First Name:	Middle Name:	Last Name:
Date of Birth:	SSN:	

Second Insured's Information

First Name:	Middle Name:	Last Name:
Date of Birth:		

Mailing Address & Contact Information

Address:		
City:	State:	Zip:
Work Phone:		Home Phone:
Fax:		Email:
Quote Effective Date: (MM/DD/YYYY)		

Prior Address:

Has the applicant been at this address less than 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		
City:	State	Zip"
Prior Carrier:		Prior Effective Date:
Prior Expiration Date:		Prior Policy Number:
Prior Policy Premium:		Reason for no prior insurance:
Inside City Limits:		Feet from Hydrant:
Miles from Fire Station:		Fire Department Provider:
Construction Type:		Roof Type:
Dwelling Type:		Year Built:



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Section 1: General Information (Continued)

Location Address Different from Mailing Address

Address:

City:

State:

Zip:

Renovation Information

Wiring Info:

Wiring Update Year:

Plumbing Info:

Plumbing Update Year:

Heating Info:

Heating Update Year:

Roofing Info:

Roofing Update Year:

Replacement Cost from Calculation:

Personal Property:

Loss of Use:

Personal Liability:

Medical Payments:

Deductible:

Section 2: Choose Endorsements

☐ Personal Property Replacement Cost

☐ Other Members of Your Household

☐ Additional Insured

☐ Other Structures Off Premises

☐ Additional Insured Student Living Away Res Prem

☐ Other Structures Rented To Others

☐ Additional Residence Premises

☐ Other Structures Residence Premises

☐ Additional Residence Premises Rented

☐ Permitted Incidental Occupancy Other Residence

☐ Assisted Living Care Coverage

☐ Permitted Incidental Occupancy Residence Premises

☐ Business Pursuits

☐ Personal Injury

☐ Coverage B Off Premises

☐ Protective Devices

☐ Coverage C Increases Special Limits

☐ Refrigerated Property

☐ Credit Card

☐ ReplCost Loss Settlement Non-Building Structures

☐ Earthquake

☐ Residence Held In Trust

☐ Extended Theft Cov for Prem Occasionally Rented

☐ Scheduled Personal Property

☐ Identity Fraud Expense Coverage

☐ Sinkhole Collapse

☐ Incidental Farming

☐ Special Computer

☐ Incidental Low Power Recreational Motor Vehicle

☐ Specified Addl Amts of Ins Cov A

☐ Increased Limits On Business Property

☐ Theft Endorsement

☐ Landlords Furnishings Increase Liability

☐ Water backup

☐ Loss Assessment

☐ Watercraft Liability

☐ Ordinance Or Law

☐ Wind Hail Exclusion



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: