

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: PROPOSED POLICYHOLDER

SELECT ONE: ☐ Mixed Martial Arts ☐ Kickboxing ☐ Boxing ☐ Wrestling

How did you hear about us?

a. Full Legal Name of Proposed Policyholder (as it will appear on the policy documents):

b. Mailing Address:

City:

State:

Zip:

c. Contact Person:

Phone Number:

Email Address:

DOB:

FEIN/SS#:

d. Name of Event:

Location of Event:

Date & Time:

Estimated Attendance:

e. Have any of the Policyholder's/Promoter's liability policies been cancelled or non-renewed in the past?
☐ Yes ☐ No If yes, please give details.

f. Have any of the Policyholder's/Promoter's past liability policies had claims filed against them?
☐ Yes ☐ No If yes, please give details.

g. Is the Policyholder/Promoter responsible for any of the following:

☐ Temporary Lighting

☐ Tent

☐ Security

☐ Vendors

☐ Temporary Stage

☐ Ushers

☐ Liquor

☐ Concessions

Security provider for the event:

Fire Protection Proximity to Fire/Medical Services:

Is Facility Protected By Sprinkler System? ☐ Yes ☐ No

Are Fire Extinguishers Located at Facility? ☐ Yes ☐ No

Section 2: PREMIUM RATES AND BENEFITS (minimum premiums are fully earned)

Rates are limited to events with 2,000 or less attendance. Quotations available for larger events. Please contact our office.

Liability Insurance Limits Requested:

☐ Plan 1 \$1,000,000.00 Per Occurrence/\$1,000,000.00 General Aggregate \$675.00

☐ Plan 2 \$1,000,000.00 Per Occurrence/\$2,000,000.00 General Aggregate \$698.75

☐ Plan 3 \$1,000,000.00 Per Occurrence/\$3,000,000.00 General Aggregate \$723.70

☐ Plan 4 \$1,000,000.00 Per Occurrence/\$4,000,000.00 General Aggregate \$749.85

☐ Plan 5 \$1,000,000.00 Per Occurrence/\$5,000,000.00 General Aggregate \$777.35

Section 2 Total Premium = \$

Section 3: OPTIONAL COVERAGES (minimum premiums are fully earned)

☐ Optional \$150,000.00 Hired and Non-Owned Automobile Liability Coverage = \$
is available for an additional \$425.00.

☐ Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage = \$
is available for an additional \$700.00.

• Note: \$1,000,000.00 Hired and Non-Owned Automobile Liability Coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

☐ Optional \$5,000.00 Medical Expense Benefit 2% of Part II Total premium x .02 = \$

☐ Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage. = \$

☐ Liquor Liability coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Section 3 Total Premium = \$

Section 4: ADDITIONAL INSURED

Up to 3 additional insureds are included at no additional cost.

Total Number of Additional Insureds (after initial three) x \$10.00 = \$

Additional Insureds requiring Primary Non-Contributory Endorsements x \$100.00 = \$

Additional Insureds requiring Waiver of Subrogation Endorsements x \$100.00 = \$

Name, Address and Relationship of all additional insured to be added to the policy:

1) Name: Relationship:

Address:



Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Section 4: ADDITIONAL INSURED (continued)

2) Name:

Relationship:

Address:

3) Name:

Relationship:

Address:

Please include a separate sheet for more additional insureds if needed.

Section 4 Total Premium = \$

Total Policy Premium = \$

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Enrollment Form for Accident Medical Insurance for Mixed Martial Arts, Kickboxing, Boxing or Wrestling Events

Section 1: PROPOSED POLICYHOLDER

SELECT ONE: ☐ Amateur ☐ Professional ☐ Combined Amateur and Professional

TYPE OF EVENT: ☐ Mixed Martial Arts ☐ Kickboxing ☐ Boxing ☐ Wrestling

a. Full Legal Name of Proposed Policyholder (as it will appear on the policy documents):

b. Mailing Address:

City:

State:

Zip:

c. Contact Person:

Phone Number:

Email Address:

d. Name of Event:

Location of Event:

Date & Time:

Estimated Attendance:

Section 2: PREMIUM RATES AND BENEFITS (premiums are fully earned)

Choose One of the Following:

☐ **With the Following Limitations**

- Hospital Room and Board & Ancillary Hospital expenses limited to \$500 per day up to a max. of 5 days.
- Medical Emergency Care (room and supplies) expenses including the attending Physician's charges, x-rays, laboratory procedures, use of the emergency room & supplies, limited to \$1,000 maximum per accident.
- Outpatient diagnostic x-rays, laboratory procedures and test expenses including diagnostic imaging expenses, including magnetic resonance imaging (MRI) and CAT scans, limited to \$500 per accident.
- Physiotherapy (physical medicine) expense, limited to \$50 per visit up to a maximum of 5 visits per accident.

☐ **Remove the Above Limitations (20% premium increase)**



Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Cyber Liability

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

2. Estimated annual number of payment card transactions

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.

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: