



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: APPLICANT INFORMATION

How did you hear about us?		
Full name of Applicant:	DOB:	FEIN/SS#:
Principal Address:		
City:	State:	Zip:
Website Address:	Email:	
Contact:	Title:	Phone:
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietor <input type="checkbox"/> Other:		
Years in business under present name:		
Describe present or prior affiliation with other firms:		
Estimate for upcoming year: Domestic Sales/Receipts: \$		Foreign Sales/Receipts: \$
Payroll estimate: \$		
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Importer <input type="checkbox"/> Exporter		
<input type="checkbox"/> Other:		

Section 2: SPECIFICATIONS

	Requested	Present
Limits of liability:	\$	\$
Self-insured retention or deductible (specify)	\$	\$
Retroactive date (if applicable)		
Present insurer:	and Premium \$	
Has any insurer ever cancelled, restricted or refused to renew your products liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		

Section 3: PRODUCTS AND COMPLETED OPERATIONS

Describe your products and services, Show the number of years involved with each product. Indicate which products you distribute, install, service or repair:

Section 3: PRODUCTS AND COMPLETED OPERATIONS (Continued)

Products acquired via acquisition or merger:

Did you assume liability for these products? Yes No

If yes, explain:

Do you retain liability for products or divisions that you no longer control? Yes No

If yes, explain:

Do you plan the introduction of any new products? Yes No

If yes, explain:

Have you discontinued any products? Yes No

If yes, please explain and include the date(s) discontinued:

Sales History	Sales	Units Sold	Principal product(s) and/or service(s)	% of total sales
Estimated (next 12 months):	\$			
Past 12 months:	\$			
1st previous year:	\$			
2nd previous year:	\$			
3rd previous year:	\$			
4th previous year:	\$			

Replacement parts are what percentage of total sales? _____ %

Has there been a significant change in product mix? Yes No

Do you import products or components parts? Yes No

Do you export products or have foreign operations? Yes No

Could any of your products or services be used on or in connection with:

Pharmaceuticals/cosmetics/vitamins/herbs? Yes No

Aircraft/missile/aerospace? Yes No Watercraft or offshore? Yes No

Transportation/pollution/waste treatment? Yes No

Do you make or handle any product that is explosive, flammable or poisonous, either by itself or in combination with other materials? Yes No

Are any of your products sold under another company's name or label? Yes No

Do you purchase materials or components for others? Yes No

Do you assemble your products? Yes No

If your product is assembled by others, do you supervise? Yes No



PRODUCTS LIABILITY APPLICATION

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Section 3: PRODUCTS AND COMPLETED OPERATIONS (Continued)

Do you install your product? Yes No

Have you ever manufactured or distributed asbestos-containing products? Yes No

If your product is installed by others, do you supervise or furnish instructions as to installation?

Yes No ***If yes, please attach a copy.**

Percent of total sales to:	Wholesalers	%	Retailers	%	Consumers	%
	East	%	Midwest	%	West	%

Do you hold suppliers & distributors harmless or insure them? Yes No

Do suppliers & distributors hold you harmless or insure you? Yes No

If yes to either of the above, please explain:

Section 4: CLAIM HISTORY- 5 YEARS OR MORE (ATTACH A HARD COPY FROM PRIOR CARRIERS.)

Total Aggregate losses from first dollar, including expenses:

Evaluation Date	Carrier	Policy Period	# of Claims	Total Amounts Paid		Total Amounts Paid		Total Incurred
				Indemnity	Expense	Indemnity	Expense	

Individual losses valued at \$10,000 or more, from first dollar including expenses:

Date of Claim	Product Involved	Describe Occurrence and Injury or Damage	Total Amounts Paid		Amounts Reserved	
			Indemnity	Expense	Indemnity	Expense

Are you aware of any other incidents, conditions, circumstances, defects, or suspected defects which may result in claims against you? Yes No If yes, give details below:

Section 4: LOSS PREVENTATION- PRODUCT DESIGN- QUALITY CONTROL

Have your products ever been subject to Inquiry or investigation relative to product safety by any government agency? If yes, please attach details. Yes No

Do you have a written product recall plan? yes, please attach a copy. Yes No

Have you ever recalled products because of a potential products safety hazard? Yes No
If yes, attach details indicating percent of recovery.

Do you have a written product recall plan? Yes No Yes, please attach a copy.

Do you do your own design work? Yes No

Do you maintain records of design changes and reasons justifying these changes? Yes No

Are your designs subject to independent external review, testing or certification? Yes No

Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards? Yes No

Are written testing procedures followed? Yes No

How long are quality control and testing records kept?

Supplies and components:	Are they ordered to your specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you determined which ones are critical to safety of your final product? Yes No

List those critical items, indicate whether testing is on a sample basis or on all units:

Are warranties obtained from all suppliers? Yes No

Section 5: INSTRUCTIONS - WARNINGS- LOSS CONTROL - DEFENSE

Do you provide any specific training/instruction for the ultimate user in the proper use of your product?
 Yes No If yes, please describe below:

Explain how Identify your products and parts from similar competitors' products and parts:

Can you determine based on available records for all products have sold:

When any given product item was manufactured? Yes No

To whom it was sold, and the date of sale? Yes No

Who supplied parts and supplies? Yes No

Section 5: INSTRUCTIONS - WARNINGS- LOSS CONTROL - DEFENSE (Continued)

Accident procedure:

Do you have a written procedure for obtaining information about product complaints accidents and injuries involving product(s)? Yes No

Does your procedure provide for examining and preserving any allegedly defective product, with the results of such examination recorded? Yes No

I understand the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant Signature:

Date:

Applicant's Name (Print):

Producers Signature:

Date:

Please attach the following information:

1. Products brochures, catalogs, service agreements, labels, instructions or written statements
2. Latest annual report
3. 10K report (if traded publicly)
4. Current audited financial statement (or pro forma)
5. Additional explanation to questions herein where appropriate

Section 6: ADDITIONAL QUESTIONS TO THE DESIGNATED QUESTIONS

Question No.	



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CYBER LIABILITY

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

RECALL COVERAGE

1. Are you interested in product recall insurance? Yes No

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 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.

Insured Signature:

Date: