

## PROPERTY APPLICATION

Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top to view directions in the pop up window of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to one of the agents listed below.

**REQUESTED LIABILITY LIMITS:** \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Type of Business: (Check One)**

☐ Individual      ☐ Partnership      ☐ Corporation      ☐ LLC

**Contact Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Business no.:** \_\_\_\_\_ **Fax no.:** \_\_\_\_\_

**Home no.:** \_\_\_\_\_ **Cell no.:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Location Address: (If different from Mailing if not indicate SAME)**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Federal Employee ID #:** \_\_\_\_\_ **Year Business Started:** \_\_\_\_\_

**Detailed description of operations: (Please use additional paper if needed)**

\_\_\_\_\_  
\_\_\_\_\_

DO YOU:	sell goods on the internet?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	repair equipment?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	rent equipment?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	sell used equipment?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	sell, repackage or manufacture under your own brand or label?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Are any of your suppliers/distributors located outside the U.S.?	<input type="checkbox"/> yes	<input type="checkbox"/> no

**Current/Prior Insurance Carrier:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Premium Effective Dates:** \_\_\_\_\_

**Any claims?**      ☐ yes      ☐ no      **If yes explain:** \_\_\_\_\_



COSSIO INSURANCE AGENCY

## PROPERTY APPLICATION

PO Box 188  
Simpsonville, SC 29681  
Phone: (864) 688-0121  
Fax: (864) 688-0138  
www.cossioinsurance.com

Any policy declined, cancelled, or non-renewed within the past 3 years? ☐yes ☐No  
City Limits: ☐Inside ☐Outside Property: ☐Owned ☐Leased/Rented  
Name of Lessor/Landlord or Additional Insured: \_\_\_\_\_  
Address of Lessor/Landlord or Additional Insured: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Estimated Annual Gross Receipts \$\_\_\_\_\_

PLEASE EXPLAIN ALL "YES RESPONSES	YES	NO
1) Is the applicant a subsidiary or another entity or does the applicant have any subsidiaries? Explain: _____		
2) Is a formal safety program in operation? Explain: _____ _____		
3) Any exposure to flammables, explosives, chemicals? Explain: _____ _____		
4) Any catastrophe exposure? Explain: _____ _____		
5) Any other insurance with company or being submitted? Explain: _____ _____		
6) Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? Not applicable in MO. Explain: _____ _____		
7) Any past losses or claims relating to sexual abuse or molestation or allegations, discrimination or negligent hiring? Explain: _____ _____		
8) During the last ten years, has any applicant been convicted of any degree of the crime of Arson? Explain: _____		
9) Any uncorrected fire code violations? Explain: _____ _____		
10) Any bankruptcies, tax, or credit liens against the applicant in the past 5 years? Explain: _____		

## PROPERTY APPLICATION

### FOR EACH LOCATION YOU OPERATE YOU NEED TO COMPLETE THE FOLLOWING:

Location no.: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SUBJECT OF INSURANCE	AMOUNT	DEDUCTIBLE REQUESTED
Building (If owned by you)		
Contents (Inventory)		
Fixtures (Upgrades, computers, etc)		
Loss of Income (35% of Gross Receipts)		

Building Construction Type (i.e. frame/brick/concrete): \_\_\_\_\_

No. of Stories: \_\_\_\_\_ No. of Basements: \_\_\_\_\_ Total Area (sq. ft.): \_\_\_\_\_

Fire Station District: \_\_\_\_\_

DISTANCE: to hydrant (feet): \_\_\_\_\_ to station (miles): \_\_\_\_\_ Year Built: \_\_\_\_\_

Building Improvements (give year): \_\_\_\_\_ Wiring: \_\_\_\_\_ Roofing: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

Bars on Windows? ☐ yes ☐ no Central Station Burglar alarm? ☐ yes ☐ no

\*\* Burglar alarm is required for property coverage. Copy of monitoring agreement may be required

\*\* Burglar Alarm type (i.e. motion/glass break/perimeter/etc): \_\_\_\_\_

Installed/Monitored by: \_\_\_\_\_

Sprinklers? ☐ yes ☐ no Extinguishers? ☐ yes ☐ no

If owned-Mortgage Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I \_\_\_\_\_, certify that the above information is true & correct.

Signature

Date



Personal Property/Contents

Please list all scheduled equipment, ED&P and Improvements & Betterments that you want covered by this property policy.

#	Location	Item	Quantity	Manufacturer	Cost New	Insured Value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Total Values

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Comments:


SUBMIT