THE CIA

HAUNTED TRAILS & HAYRIDES INSURANCE

Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 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. Please indicate "N/A" where necessary.
4. Email the application to apps@cossioinsurance.com or Fax to 864-688-0138

Please note that we are unable to provide coverage for the following events: Air Shows, Ballooning Events, Skydiving Events, War Games, Cattle Drives, Abortion Rights Rallies, Pro Choice Rallies, Protest Events, Dunk Tanks,Trampolines, Moonwalks, Water Slides, Auto Racing, Motorcycle Racing, Snowmobile Racing, Demolition Derbies,Hot Air Balloons, Bungee Jumping and Concerts with a Propensity Towards Violence (rap, punk rock, etc).

Section 1: CONTACT INFORMATION

How did you hear about us? ...

Contact Name:	Date of Birth:
Coporate Name:	Business Name:

Do you wish to receive your quote by: ☐ Fax ☐ Email ☐ Mail

Address of Applicant:

City:	State:	Zip:

Section 2: EVENT INFORMATION

Dates of Event

Time(s)

Name of Event

Location of Event

City:	State:	Zip:

Name of Facility:

Does the Facility Carry Liability Insurance? ☐ Yes ☐ No	Limits:

Description of Event

Is this Event Located Indoors or Outdoors?

If Outdoors, is the Area Fenced or Enclosed? ☐ Yes ☐ No

Are you Responsible for Parking? ☐ Yes ☐ No If Yes, Square Footage of Parking Area

What is the Seating Capacity of the Event?

What is the Estimated Attendance Per Day?

What is the Number of Tickets Printed?

What is the Number of Tickets Sold to Date?

What is the Price of Admission?	What is the Estimated Gross Receipts?

What is the Estimated Total Payroll?

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Section 2: EVENT INFORMATION (Continued)

What are the Limits of Liability Requested?

General Aggregate $	Products Aggregate $	Each Occurrence $
Personal/Adv Injury $	Fire Damage $	Medical Payments $

Name, Address and Relationship of all Additional Insureds to be Added to the Policy:

1) Name

Address

City:	State:	Zip:

2) Name

Address

City:	State:	Zip:

3) Name

Address

City:	State:	Zip:

Will there be any Exhibitions, Demonstrations, Parades or Pageants? ☐ Yes ☐ No

If Yes, Please Describe

Are Seats of Temporary or Permanent Construction?

Is Seating Reserved or General Admission?

Describe Type of Seating Provided (Bleachers, Folding Chairs, etc)

If the Event is Outdoors,Does the Event End Ninety Minutes Prior to Sundown? ☐ Yes ☐ No

If No, Is there Permanent Lighting over all Spectator Areas and Parking Lots? ☐ Yes ☐ No

If a Stage is Involved, is the Stage of Temporary or Permanent Construction?

If Temporary,Who is Responsible For Set up of Stage?

If Other than the Applicant, is a Certificate of Insurance Provided? ☐ Yes ☐ No

If Other than the Applicant, is Applicant Named as Additional Insured? ☐ Yes ☐ No

Is Temporary Lighting Involved? ☐ Yes ☐ No

If Yes,Who is Responsible for Hook Up of Lighting?

If Other than the Applicant, is a Certificate of Insurance Provided? ☐ Yes ☐ No

If Other than the Applicant, is Applicant Named as Additional Insured? ☐ Yes ☐ No

Is a Tent Involved? ☐ Yes ☐ No

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Section 2: EVENT INFORMATION (Continued)

If Yes,Who is Responsible for the Set Up of the Tent?

If Other than the Applicant, is a Certificate of Insurance Provided? ☐ Yes ☐ No

If Other than the Applicant, is Applicant Named as Additional Insured? ☐ Yes ☐

Are Ushers Used for Seating Purposes? ☐ Yes ☐ No

If Yes,Who is Providing the Ushers?

If Other than the Applicant, is a Certificate of Insurance Provided? ☐ Yes ☐ No

If Other than the Applicant, is Applicant Named as Additional Insured? ☐ Yes ☐ No

What is the Number of Vendors or Trade Booths?

What Goods are to be Displayed?

Are all Goods Finished Products or Demonstrations?

Are there any Cooking Demonstrations? ☐ Yes ☐ No

Are Vendors or Trade Booths Required to Provide a Certificate of Insurance? ☐ Yes ☐ No

How is Advertising Being Used at the Event?

Who is Providing the Food and/or Drink?

If Other than the Applicant, is a Certificate of Insurance Provided? ☐ Yes ☐ No

If Other than the Applicant, is Applicant Named as Additional Insured? ☐ Yes ☐ No

Is Liquor to be Sold at this Event? ☐ Yes ☐ No

If Yes, is there a Liquor Liability Policy In-Force? ☐ Yes ☐ No

Is the Applicant Named as an Additional Insured? ☐ Yes ☐ No

Are there Cooking Facilities on the Premises? ☐ Yes ☐ No

If Yes,What type of Fire Protection is Present?

Is the Applicant Providing any Overnight Accommodations such as Camping? ☐ Yes ☐ No

If Yes, Please Describe

Who is Responsible for Providing Security?

If Other than the Applicant, is a Certificate of Insurance Provided? ☐ Yes ☐ No

If Other than the Applicant, is Applicant Named as Additional Insured? ☐ Yes ☐ No

Is the Security Provided Armed or Unarmed?

If the Event is being held on a Street or Other Public Place of Vehicular Access, what Protection is being Used between the Street and the Sidewalk?

Does the Event involve a Parade? ☐ Yes ☐ No

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Section 2: EVENT INFORMATION (Continued)

If Yes, How many Units will there be? (each float, band or car is a unit)

Will Anything be Thrown from the Units? ☐ Yes ☐ No

If Yes, What will be Thrown from the Units?

What is the Length of the Parade in Blocks? Length of Time

What is the Estimated Number of Spectators?

Are Fireworks or Pyrotechnics to be Used? ☐ Yes ☐ No

If Yes, Please Describe

Is the Applicant Signing any Hold Harmless Agreements? ☐ Yes ☐ No

If Yes, with Whom and What Responsibilities?
(Please Attach Samples of all Hold Harmless Agreements)

Is the Applicant being Held Harmless by Others? ☐ Yes ☐ No

If Yes, by Whom and What Responsibilities?
(Please Attach a Copy of the Agreement if Available)

Has this Event been held in the past by the Applicant? ☐ Yes ☐ No

If Yes, for how many Years?

Please Attach the Premium and Loss Experience For the Past 5 Years.

Please Describe any Losses over $5,000.00

Has your Prior Insurance Ever Been Cancelled? ☐ Yes ☐ No

Has your Prior Insurance Ever Refused to Renew? ☐ Yes ☐ No

Do you have a Risk Management Plan? ☐ Yes ☐ No

Please Attach All Lease and Hold Harmless Agreements, Brochures of the Event and a Diagram of Location(s) to be Used.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides fa lse information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by CIA.

Signature of Applicant

Date

SAVE APPLICATION

THE CIA

FRAUD STATEMENTS

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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: