



Annual Entertainment Equipment Floater

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?

Company Name:

Contact Name:

Entity Type: Individual Partnership Corporation LLC Non-profit Other

Mailing Address:

City:

State:

Zip:

Office Phone:

Cell Phone:

Email:

Owner's Name:

Section 2: Business Information

Please describe your business operations:

Are you a full-time rental house (i.e. companies that rent their equipment to the sole trust of others)? Yes No

Do any of your projects have any special hazards? Yes No

If Yes, Please Describe:

Have you had any Prior Insurance for your company? Yes No

If YES, have you had any claims or losses in the last 3 years? Yes No

If YES, please describe the claim, including the amount payout:

Section 3: Equipment Coverages (does not include vehicles licensed for the road)

*NOTE: LIMITS FOR RENTED EQUIPMENT SHOULD BE THE TOTAL REPLACEMENT COST VALUE OF ALL EQUIPMENT AND/OR PROPS RENTED AT ANY ONE TIME.

Would you like coverage for equipment you rent from others? Yes No

If yes, Total Replacement Cost:

If Yes, you can purchase Continuing Rental Fees Coverage. \$2,500 \$5,000

Please select the limit if you wish to receive a quote: (reimburses rental houses for loss of rental income if you have a claim) \$10,000 \$25,000

Would you like coverage for owned production equipment? Yes No



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Section 3: Equipment Coverages (Continued)

Total Replacement Cost: \$

Would you like coverage for owned musical instruments? Yes No

Total Replacement Cost: \$

Would you like coverage for Owned Sports & Recreational Equipment? Yes No

Total Replacement Cost: \$

Does any of your owned equipment in questions 6-8 include any trailers or equipment that is attached to trailers/vehicles? Yes No

If Yes, please provide the value of your trailers or any equipment attached to trailers/vehicles
Total Replacement Cost: \$ (Q 6-7 should include these values as well)

Would you like coverage for Rental Reimbursement ? Yes No

\$5,000 \$10,000 \$25,000 (if you have a valid equipment claim, rental reimbursement pays for your rental fees incurred if you have to rent equipment to continue your operations. Please select one of the 3 options above if you wish to add)

Do you ever rent or lend out your owned equipment to other people,unaccompanied by you?
 Yes No

If yes, would you like to purchase Rented Equipment To Others Coverage? Yes No

If no, please skip over Section 4: "Rented Equipment to Others Section"

*If you rent your own equipment to others for less than 25% of your business, this is automatically covered in your total Owned Equipment below, and you do not to fill out this "Rented Equipment To Others Section"

Section 4: Rented Equipment to Others

What is the maximum value of equipment you rent out to other people (unaccompanied by you) at any one time? \$

Of this total value, please break down the total values of the following types of equipment:

Inflatable/Bounce Houses: \$ Production/Sound Equipment: \$

Event Related Equipment: \$ Musical Instruments: \$

Sports & Recreational Equipment: \$

Do you require your renters to sign a rental contract that states they are responsible for theft or damages to your equipment? Yes No

Would you like to add Voluntary Parting & False Pretense Coverage? Yes No

(Maximum coverage limit for this is \$100,000. If you rent your equipment to others, unaccompanied by you, this covers the situation when your renter does not return with your equipment)



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Section 5: Equipment

Is any of your owned equipment over \$5,000 a piece? Yes No

(If yes, we will need a schedule of items over \$5,000 a piece including the make, model, serial number, and replacement value including sales tax. This Schedule Must be Provided for Valid Coverage)

Would you like coverage for Business Income & Extra Expense? (max allowed \$50,000)

Yes No Coverage Amount (max allowed \$50,000): \$

This coverage is tied to a scheduled business location that is deemed inoperable due to a covered claim. This coverage is typically useful for companies with fixed retail locations.

Please list the address of the location you want this coverage to apply for:

Would you like Interior/Exterior Plate Glass Coverage (\$5,000 limit) Yes No

Would you like to add Employee Tools & Work Clothing Coverage? Yes No

\$1,000 per occ/\$250 per employee \$5,000 per occ/\$500 per employee

\$10,000 per occ/\$1,000 per employee

Currently the policy excludes theft from an unlocked vehicle. Do you wish to add this back for 10% of the premium? Yes No

Will your equipment ever be submerged underwater and/or above (afloat) water? Yes No

If yes, for any equipment that is submerged, will you use protective gear (such as camera housing) while the camera equipment goes underwater? Yes No

What is the maximum value of owned equipment (maximum at any one time) that would ever be either submerged underwater or above/afloat water?

Where do you store your equipment majority of the year?

a) Does this location have an alarm system connected to a monitoring service? Yes No

Do you travel outside of the US more than 5 times a year with your equipment? Yes No

Section 6: Please Review the Following Term:

1. There will be an Additional Premium due for any special endorsements or forms required.
2. The Inland Marine Equipment Floater is worldwide except for countries with US Sanctions.
3. I understand that if I take my equipment to the country of Mexico, there is an automatic sub-limit (cap of coverage) for \$25,000 total. This means that if I insure more than \$25,000 of equipment my limits drop down to \$25,000 when I enter Mexico. If you need to increase this sub-limit, please contact us for further approval.
4. OWNED Equipment – If you purchase any owned equipment coverage, all single equipment items over \$5,000 a piece must be scheduled with the insurance carrier in order to be covered in its entirety. Secondly, for all owned equipment claims, there must be proof of ownership available for the claims adjusting process.
5. RENTED Equipment – If you purchase any rented equipment coverage, rental contracts must be in place and signed between all parties involved in the rental, spelling out the equipment items and values being rented, dates of rental, and responsibilities of each party.



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Section 6: Please Review the Following Term:

6. This policy does NOT cover the Content or Media Liability of your Film/Project, and it also does NOT cover the cost to reproduce your film after a loss.

7. I understand that I am responsible for notifying my insurance representative of any material changes (including but not limited to change of address, change of contact, change in equipment values, change in business operations, change in exposure of equipment) in order to ensure accurate coverage and service.

8. I understand that I am currently only applying for equipment coverage. If you would like additional coverage option for General Liability, Auto liability or physical damage, Workers Compensation, Professional Liability, or any type of insurance, please feel free to contact Cossio Insurance for additional quotes.

By signing below I verify that all the information provided on this application is true and accurate to the best of my knowledge and that I have read and accept the terms above

Signature:

Date:

Section 7: Scheduled Equipment List - For single items over \$5,000 a piece

Name of Policyholder:

Date Revised

Policy #

Date:

Item #	Make	Model	Serial Number	Replacement Cost Value
Total Scheduled Amount:				



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: