



COSSIO INSURANCE AGENCY

WORKERS COMPENSATION APPLICATION

Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top 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.

Company Name: _____ Start Date: _____

Tax ID number: _____ FEIN/SSN: _____

Contact Name: _____ Title: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Premises Location: _____

City: _____ State: _____ Zip code: _____

Nature of Business (detailed description of operations): _____

_____ Year business started: _____

Prior Insurance Carrier: _____

Policy Number: _____ Effective dates (M/Y): _____

Is company canceling coverage? ☐ yes ☐ no

Please explain if yes: _____

Total premium \$ _____ Any claims in the last 5 years? ☐ yes ☐ no

Employee payroll figures:

	No. of Full Time	No. of Part Time	Annual Payroll Renumeration
Secretaries	_____	_____	_____
Retail Employees	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OWNERS

Name: _____ Date of Birth: _____

Title/Relationship: _____ Percentage Owned: _____

Renumeration: _____ ☐ included ☐ excluded



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Name: _____ Date of Birth: _____

Title/Relationship: _____ Percentage Owned: _____

Renumeration: _____ ☐ included ☐ excluded

Do you own, operate or lease aircraft/watercraft? ☐ yes ☐ no

Do/have past, present, or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting hazardous material? ☐ yes ☐ no

Any work performed underground or above 15 feet? ☐ yes ☐ no

Any work performed on barges, vessels, docks, bridge over water? ☐ yes ☐ no

Are you engaged in any other type of business? ☐ yes ☐ no

Are sub-contractors used? (If yes, _____% of work subcontracted.) ☐ yes ☐ no

Any work sublet without certificate of insurance? ☐ yes ☐ no

Is a written safety program in operation? ☐ yes ☐ no

Any group transporation provided? ☐ yes ☐ no

Any employees under 16 or over 60 years of age? ☐ yes ☐ no

Any seasonal employees? ☐ yes ☐ no

Is there any volunteer or donated labor? ☐ yes ☐ no

Any employees with physical handicaps? ☐ yes ☐ no

Do employees travel out of state? ☐ yes ☐ no

Are athletic teams sponsored? ☐ yes ☐ no

Are physicals required after offers of employment are made? ☐ yes ☐ no

Any prior coverage declined, cancelled, non-renewed (last 3 years)? ☐ yes ☐ no

Are employee health plans provided? ☐ yes ☐ no

Is there a labor interchange with any other business/subsidiary? ☐ yes ☐ no

Do you lease employees to or from other employers? ☐ yes ☐ no

Any tax lines or bankruptcy within the last 5 years? ☐ yes ☐ no

Any undisputed and unpaid workers compensation premium due from you or any commonly managed or owned enterprises ☐ yes ☐ no



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We are going to need the following information to get your workers compensation quote.

Please explain all yes answers at the bottom.

Do any employees predominantly work at home?

☐ yes

☐ no

Have you received any offers of voluntary coverage?

☐ yes

☐ no

Indicate the number of Insurance companies that have
refused the applicant coverage in the last 60 days

Explain all yes answers:

Has there been previous workers compensation
insurance coverage in this state?

☐ yes

☐ no

In any other state?

☐ yes

☐ no

Which state? _____

If NO to the prior two questions, was this due to:

☐ New Business

☐ Number of Employees

☐ Self-Insured Group

☐ Self-Insured Independent

Is there any unpaid workers compensation premium due or in dispute
from you or any commonly managed or owned enterprises?

☐ yes

☐ no

If Yes, explain including entity names and policy numbers. _____

Has there been a name change, consolidation, merger
or ownership change during the past five years?

☐ yes

☐ no

If yes, give previous name and date change in REMARKS area below.

Do you lease workers from a labor contractor?

☐ yes

☐ no

Are you seeking to cover the leased workers?

☐ yes

☐ no

Do you provide temporary labor services to other employers?

☐ yes

☐ no

Do you have a franchise or licensing agreement?

☐ yes

☐ no

Do you or your employees regularly operate from a base terminal which
is used to load, unload, store or transfer freight?

☐ yes

☐ no

(if Yes, please provide a list of terminal addresses)



Any person knowingly and with intent to defraud any insurance company or other person, files an application for Insurance containing false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Date

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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