



FIREWORKS SPECIAL EVENT APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 Simpsonville SC 29681

- 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 864-688-0138

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Umbrella
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Hired & Non-Owned Auto

Section 1: Insured Information

How did you hear about us?

Applicant's Name:	DOB:	FEIN/SS#:
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Applicant's Mailing Address:

City:	State:	Zip:
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Email:	County:
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Business Phone Number:	Fax Number:
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Physical Location of Business (if different):

Population within 50 miles:

Other Locations Used:

Physical Address #1:

City:	State:	Zip:
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Physical Address #2:

City:	State:	Zip:
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Please list any other names the business is or has been known by:

Contact Person:	Producer No:
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Producer's Name:	Producer's Email:
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Detailed description of business activities (specifically, and by location):



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Section 1: Insured Information (Continued)

Is this a new business? ☐ Yes ☐ No If no, how many years in business?

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Other (please describe):

Annual Payroll: \$

Total # of Employees:

Full-Time:

Part-Time:

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? ☐ Yes ☐ No

If yes, please tell us:

Employee Name:

Email:

Business Phone:

Fax:

Years with Company:

Employees Responsibilities:

Section 2: Insurance History

Who is your current insurance carrier (or your last if no current provider)?

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium			

Has the Applicant or any predecessor or related person or entity ever had a claim? ☐ Yes ☐ No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? ☐ Yes ☐ No

If yes, please explain:

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? ☐ Yes ☐ No

If the standard markets are declining placement, please explain why:



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Section 3: Desired Insurance

Per Act / Aggregate		OR	Per Person / Per Act / Aggregate
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Self-Insured Retention (SIR): ☐ \$1,000 (Minimum) ☐ \$1,500 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

Section 4: Business Activities

1. Person providing accounting and tax services:

A. Name:

B. Address:

2. Are you interested in single event coverage, or an annual policy where multiple events are provided coverage? ☐ Single ☐ Annual with multiple events

Please provide answers to the following for the event (if annual coverage is requested, provide this information for EACH event):

3. Date(s) for which coverage is desired:

4. Date(s) for all scheduled event(s):

5. Name of event(s):

6. Location of each event:

7. Facility was originally used for?

8. Is location temporary or permanent? ☐ Temporary ☐ Permanent

9. Attach exact schedule of events, meetings, gatherings, or participants, etc.

10. Description of event(s):

11. If there is a website related to the event(s) (a promotional website, etc.), List the website address here. If not, indicate "not applicable."

12. Is event indoors or outdoors? ☐ Indoors ☐ Outdoors



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Section 4: Business Activities (continued)

If outside is area fenced or otherwise enclosed and controlled? ☐ Yes ☐ No

If outside will event end two hours prior to sundown? ☐ Yes ☐ No

13. Has similar event taken place? ☐ Yes ☐ No Explain experience below:

14. Is seating reserved or general admission? ☐ Reserved ☐ General Admission ☐ Both

15. Are seats of temporary or permanent construction? ☐ Temporary ☐ Permanent

16. Describe construction and seating capacity:

17. Are any Additional Named Insureds required? ☐ Yes ☐ No

If yes, who are they, what interest do they have, and what is their relationship to event, etc.

18. Will there be any exhibitions, demonstrations, parades or other associated activities with the event(s)? ☐ Yes ☐ No

If yes, describe completely: (Attach list of each booth with descriptions of products or activities.)

19. Is a stage involved? ☐ Yes ☐ No

If yes, is stage permanent or temporary? ☐ Permanent ☐ Temporary

If yes, minimum distance spectators are kept from the stage?

20. Are ushers used? ☐ Yes ☐ No

If yes, how many?

Who provides them?

21. Number of vendors' trade booths?

22. Are vendors required to provide proof of insurance? ☐ Yes ☐ No

If yes, what limit is required?

23. How is the event being advertised?

Section 5: Spectators

24. Number of performances?

25. Dates and times of performances?

26. Seating capacity per performance?



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Section 5: Spectators (continued)

27. Estimated attendance/spectators per performance?

28. Price of admission? Children \$	Student \$	Adult \$
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29. Estimated gross receipts? \$

30. Estimated payroll? \$

NOTE: This policy does not provide worker compensation. Coverage must be provided separately. Participants, volunteers, concessions, and sponsors, etc., are excluded from coverage.

31. Estimate total attendance all performances:

NOTE: Participants coverage is normally excluded from all standard policies. Participants Legal Liability may be provided separately to protect insured in the event a participant brings suit. If coverage should be quoted to include participants at a reduced benefit please provide the following:

A. Estimate number of participants?

32. Do some participants compete in two or more classes? ☐ Yes ☐ No

If yes, explain:

33. Describe different categories of classes of competition and provide breakdown of participants by class, type of event, etc.

34. Charge per participant: a. \$	Class#
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B. \$	class#
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C. \$	Class#
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35. Are persons under 18 years old allowed to participate? ☐ Yes ☐ No

If so, how old?

36. Describe completely classes, restrictions, and attach a copy of release form used to obtain guardian permission, etc.

37. Are all participants required to complete and sign a release? ☐ Yes ☐ No

38. Please describe rules of participation and how participants are informed, disclosure of risks inherent to the activity, warned in writing of hazards, are pre-event meetings held, describe other safety precautions taken:

39. Estimate number of other participants by class (mechanics, announcers, judges, registration, etc.), and identify other persons allowed in restricted participants areas:



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Section 6: Volunteers

40. Maximum number of volunteers?

41. Expected number of volunteers?

42. Minimum age of volunteers?

43. Requirements to be a volunteer? Explain:

44. Explain instructions given to volunteers.

45. Describe completely duties and expectations of all volunteers.

NOTE: All Volunteers must complete and sign an Agreement and Release of Liability Form assuming the risks inherent and associated with the risk. Please provide a copy of the agreement and release form to be used.

Section 7: Subcontracted Providers or Services

46. The below categories are services or equipment which may be sub-contracted or performed by you or your organization. Check all boxes for services or equipment being performed by Sub-Contractors:

<input type="checkbox"/> Food Concession	<input type="checkbox"/> Beverage Concession	<input type="checkbox"/> Liquor (include beer, wine)
<input type="checkbox"/> Bleachers or Scaffolds	<input type="checkbox"/> Stages, etc.	<input type="checkbox"/> Security
<input type="checkbox"/> Construction Services	<input type="checkbox"/> Tow Vehicles or other	<input type="checkbox"/> Temporary Lighting
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Equipment	

47. Please provide specific descriptions of any other Sub-Contractors not listed above:

48. Please provide name, phone number and proof of insurance for all Sub-Contractors. NOTE: It is critical to verify and obtain proof of insurance and limit of liability from all Sub-Contractors or you will be held liable and be without insurance.

49. Food and drink provided by?

A. Name of liquor provider:

☐ Beer ☐ Wine ☐ Hard Liquor

B. Explain relationship in detail.

C. If coverage is desired, what are the estimated gross receipts?

Food \$

Alcohol \$



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Section 8: Key Personnel

50. Key personnel can make a big difference in said event. Please attach a resume and background information on all key personnel associated with the event.

51. Name of event coordinator:

A. Address:

B. Phone:

Fax:

C. Email:

52. Name of person(s) in charge of and responsible for safety:

A. Address:

B. Phone:

Fax:

C. Email:

Section 9: Emergency Medical Plans

53. Describe completely the emergency medical evacuation plans, affected for this event. Attach additional sheets if necessary.

Section 10: Participant Equipment (Per Event) Check, Tech, etc.

54. Describe completely (per event) the inspection and technical equipment check of participants' equipment.

55. Name any Professional Association or Group you are a member of or affiliated with.

A. Name:

B. How long?

C. Address:

D. Phone:

Fax:

E. Email:

VERY IMPORTANT

1. Attach copies of all leases and/or hold harmless agreements in effect
2. Attach copy of any brochure, fliers, etc., used for this event.
3. Include diagrams showing specific location(s); noting exact distances; and identifying set up procedures for all facilities. The diagrams must include, and clearly identify spectator areas, transition areas, medical tent, and location of medical service vehicle, staging areas, concession stands, and distances between each location. A complete layout is required.



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Representations and Warranties

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sublimit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes. The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Applicant:	Dated:
Signature:	
Agent/Broker:	Dated:
Signature:	



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: