



INLAND MARINE RENEWAL APPLICATION

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: Proposed Policyholder

a. Full Legal Name of Proposed Policyholder: <i>(As it should appear on the insurance policy)</i>		
b. Mailing Address Street:		
City:	State:	Zip:
c. Contact Person:		Phone Number:
Email Address:		
d. Please describe your business operations:		
e. Have you ever had an equipment claim in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe all claims in detail (including date, payout & loss details):		
Claim #1:		
Claim #2:		
Claim #3:		
f. Where do you store your equipment the majority of the time?		
Does this location have an alarm system connected to an outside monitoring company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. Do you travel with your equipment outside the United States more than 5 times a year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Note: coverage does not include travel to countries with US Sanctions)</i>		
h. Do you travel with your equipment to Mexico? <input type="checkbox"/> Yes <input type="checkbox"/> No		
i. Does any of your equipment go underwater? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is it in a waterproof or protective case? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please complete either Part II for short term rented equipment OR Part III for all annual coverages		

Section 2: Short-Term Coverage: Rented Equipment Only (No Autos) 1 day - 11 months

a. Rented Equipment from Others Limit: \$ <i>(Replacement value, including sales tax, of all equipment being rented)</i>	
b. Rental Pick Up Date:	Rental Return Date:
c. Description of equipment being rented:	



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Section 2: Short-Term Coverage (Continued)

d. Continuing Rental Fees Coverage (OPTIONAL - please select one) None \$2,500 \$5,000
(If you have a covered claim, this coverage reimburses your rental company for loss of rental income during your claim handling. This coverage has a 72 hour waiting period from the time the claim is reported in writing to the insurance agent or carrier)

Section 3: Annual Coverage: All Eligible Coverage and Options Available (No Autos)

a. Please Complete. At least one limit below is required.

Equipment Type	Replacement Value <i>(including sales tax)</i>	Description of Equipment
Owned Production Equipment		
Owned Sports, Leisure & Recreational Equipment		
Owned Musical Instruments & Sound Equipment		
Business Personal Property		
Tenant Betterments & Improvements		
Rented Equipment From Others <i>(maximum value at any one time)</i>		

b. Do you rent any of your owned equipment to the sole custody of others (unaccompanied by you or your employees)? Yes No

If yes, what is the maximum replacement value of owned equipment that you rent out to others at any one time (unaccompanied by you or your employees)? \$

c. Would you like to add coverage for Voluntary Parting and False Pretense? Yes No
(this covers your equipment if the person/company renting or borrowing your equipment never returns it)

If yes, do you require your renters to sign a rental contract that makes them responsible for damages or theft to your equipment being rented? Yes No

d. For equipment you own, is any single item valued at \$5,001 or more (replacement cost including sales tax)? Yes No

If yes, please complete the below and include all items \$5,001 or more.

(Owned items that are valued at \$5,001 or more that are not scheduled will not be covered under the policy.) (Please include a separate sheet of paper if you have more items to schedule.)

Make	Model	Serial Number	Replacement Cost <i>(including sale tax)</i>



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Section 3: Annual Coverage (Continued)

e. Rental Reimbursement Coverage - only available with Owned Equipment Coverage (please select one) None \$2,500 \$5,000 \$10,000 \$25,000

If you have a covered claim, this coverage reimburses your rental fees for equipment rented to continue your business operations

f. Continuing Rental Fees Coverage - only available with Rented Equipment from Others Coverage (please select one) None \$2,500 \$5,000 \$10,000 \$25,000

(If you have a covered claim, this coverage reimburses your rental company for loss of rental income during your claim handling. This coverage has a 72 hour waiting period from the time the claim is reported in writing to the insurance agent or carrier)

g. Work Tools and Clothing - coverage options are per occurrence/per employee limits None \$1,000/\$250 \$5,000/\$500 \$10,000/\$1,000

(this coverage is a separate limit for work related tools and clothing such as work uniforms)

h. Interior/Exterior Plate Glass Coverage None \$5,000

j. Business Income and Extra Expense (other than rental value) None Limit Requested \$ _____ Maximum Limit \$50,000

(If you have a covered claim, this coverage reimburses you after the waiting period for loss of income and expenses to keep your business running such as rent on another location. This coverage is location specific.)

Please schedule the location(s) for the requested Business Income Coverage (description, location address, city, state, zip):

Location 1:

Location 2:

(Please read and initial) A business continuation plan must be received in order to bind this coverage.

(Please read and initial) A 72 hour waiting period applies for Business Income and Extra Expense Coverage. In the states of AL, CT, DE, FL, GA, LA MA, MD, ME, MS, NH, NJ, NY, NC, RI, SC, TX, and VA, the waiting period is increased to 120 hours

i. Locked Vehicle Warranty - The policy has a Locked Vehicle Warranty, which states there is NO coverage for equipment stolen from an Unlocked vehicle. Do you want to remove this warranty and thus add back coverage for equipment stolen from an unlocked vehicle for an additional 10% charge? Yes No

Section 4: Disclaimers & Signatures

- I understand that this quote is for equipment coverage and does not apply to vehicles, liability insurance, or workers compensation coverage.
- I understand that if I take my equipment to the country of Mexico, there is an automatic sub-limit (cap of coverage) of \$25,000 total.
- I understand that coverage is worldwide except for countries with US Sanctions.
- I understand that my policy has a LOCKED VEHICLE WARRANTY. This means that there is no coverage for theft from an UNLOCKED vehicle unless I elect to remove this warranty for an additional 10% of my premium.
- I have reviewed and understand the above statements. I certify that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may affect my coverage and even void coverage in the event of a claim.

Signed for Proposed Policy Holder:

Signed by Licensed Agent:

Agency Name & License #:



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 FLORIDIA: 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:
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