



## OFF ROAD TRAILS-TRACK 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

### POLICY RECOMMENDATIONS (Please check any you are interested in)

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

### Section 1: General Information

Effective Date:		Expiration Date:	
<b>Limits Requested</b>	Per Occurrence:	Aggregate:	
Insured's Name:			
Mailing Address:			
City:	State:	Zip:	
Venue/Track Name & Address:			
Years of experience managing this type of operation/event:			
<b>Describe any prior claims or incidents on a separate paper or send carrier loss runs</b>			
Describe the track and its use in detail: (Attach Diagram: ie: Dirt Figure 8, Oval, Drags)			
Maximum Speed:			
Describe the type of vehicles participating:			
Are waivers signed by all participants? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Attach a Sample Copy</b>			
Is the track monitored at all times for reporting of accidents/incidents? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the track fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, how is general public kept out?	
Annual # of Spectators:		# of Events:	
Annual Concession Receipts: \$		Annual Track Receipts: \$	
<b>Spectator Protection:</b> Spectators must be a minimum of 50' from the track/action protected by acceptable fencing & barriers - Attach a diagram showing distances			



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### Section 1: General Information (continued)

Height of the fencing in front of the barrier:

Describe barricades:

Describe spectator seating:

Distance to barricade:

Sanctioned track?

Sanctioning body:

Describe medical personnel on site:

Describe event security:

Minimum age of the drivers:

Minimum age of passengers/riders:

#### If drivers are under 16 - Describe the vehicle they will be driving (Include HP and/or CC)

COVERAGE IS LIMITED TO SPECTATORS ONLY - EXCLUDED PARTICIPANTS INCLUDE BUT ARE NOT LIMITED TO: DRIVERS, RIDERS, PASSENGERS, CREW, JUDGES, OFFICIALS, MEDICAL PERSONNEL, SECURITY PERSONNEL

\*\*\* You must attach a diagram of the event/track area including spectator areas, pit areas. Showing distances between the spectators and the track/action.

\*\*\* Provide a copy of the waiver, track rules, regulations, flyer's. event rules, etc.

\*\*\* Attach (3) year hard copy carrier loss runs or a "No Incident" letter signed by the insured

Any person who knowingly and with intent to defraud any insurance company or other person; files and application for insurance containing any false information or conceals information concerning any fact material hereto, for the purpose of misleading, commits a fraudulent insurance act which is a crime and will void and nullify coverage.

Applicants Signature:

Date:

### Section 2: Additional Insured Requests

Request for: ☐ Proof of Certificate ☐ Additional Insured - Venue Owner ☐ Additional Insured - Venue Manager ☐ Additional Insured - Lessor of Equipment ☐ Additional Insured - Other:  
☐ Waiver of Subrogation ☐ Primary/Non Contributory ☐ Provide Wording - Add'l premium

Name of Additional Insured:

Address:

City:

State:

Zip:

Attn:

Request for: ☐ Proof of Certificate ☐ Additional Insured - Venue Owner ☐ Additional Insured - Venue Manager ☐ Additional Insured - Lessor of Equipment ☐ Additional Insured - Other:  
☐ Waiver of Subrogation ☐ Primary/Non Contributory ☐ Provide Wording - Add'l premium

Name of Additional Insured:



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### Section 2: Additional Insured Requests (continued)

Address:

City:

State:

Zip:

Attn:

Request for: ☐ Proof of Certificate ☐ Additional Insured - Venue Owner ☐ Additional Insured - Venue Manager ☐ Additional Insured - Lessor of Equipment ☐ Additional Insured - Other:  
☐ Waiver of Subrogation ☐ Primary/Non Contributory ☐ Provide Wording - Add'l premium

Name of Additional Insured:

Address:

City:

State:

Zip:

Attn:



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**CYBER LIABILITY**

1. Do you process payment cards? ☐ Yes ☐ No

2. Estimated annual number of payment card transactions

**WARRANTY**

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

**SIGNATURE**

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



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: