



## MUSICAL INSTRUMENT INSURANCE

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

**DIRECTIONS:** IF USING CHROME YOU MUST PRINT AS PDF, SAVING WILL NOT SAVE FIELDS.

1. Complete the application (all pages) in full by filling in the blue fields.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax it to 864-688-0138.

### Section 1: General Information

Name of Applicant:

Address:

Email:

Phone:

Customer Type: ☐ Individual ☐ Symphony/Orchestra ☐ Recording Studio ☐ Other

Location and address where instruments are kept, if different than above:

Are you over the age of majority so that you are legally able to enter into a contract? ☐ Yes ☐ No

Are you a member of any musicians' association(s)? ☐ Yes ☐ No

Do you subscribe to a music trade magazine? ☐ Yes ☐ No

Do you own the instrument(s) being scheduled on the application? ☐ Yes ☐ No

Are you the primary user of the instrument? ☐ Yes ☐ No

Are your instrument(s) being scheduled on the application? ☐ Yes ☐ No

Do you leave your instrument(s) in a vehicle or trailer overnight? ☐ Yes ☐ No

Do you buy and/or sell instruments more than one time per year? ☐ Yes ☐ No

Do you have an appraisal/bill of sale less than 3 years old for each instrument over \$25,000?  
☐ Yes ☐ No

Have you ever been declined, canceled or non-renewed for insurance coverage? ☐ Yes ☐ No

Have you ever had any item repossessed, been convicted of a crime or filed for bankruptcy?  
☐ Yes ☐ No If yes, please explain in detail below:

Have you filed any claims in the last 5 years? ☐ Yes ☐ No If yes, please explain below:



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### Section 1: General Information (Continued)

Are the instrument(s) stored in a: ☐ Bank Vault ☐ Premise Safe ☐ Neither

Indicate type of premises protection: ☐ Local Alarm ☐ Concierge ☐ Private Security  
☐ Central Station ☐ None

Indicate type of venue in which you play: ☐ Bar ☐ Nightclub ☐ Restaurant  
☐ Symphony/Orchestra ☐ None

How many years have you owned professional musical instruments?

How many years have you been a professional musician?

How many times a year do you ship an instrument via a common carrier?

How many times per year do you travel with your instrument?

### Section 2: Recording Studios ONLY

Is the recording studio located in a: ☐ Commercial Building ☐ Private home/apartment

Do you take equipment/gear away from the studio? ☐ Yes ☐ No

Is your studio equipment/gear located below ground? ☐ Yes ☐ No

### Section 3: Schedule of Instruments to be Insured

Instrument Type	Description	Agreed Value

\*Please attach copy of appraisal or bill of sale within the past 5 years for all instruments over \$25,000\*

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

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 <input type="checkbox"/>



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: