



Knocker Balls / Soccer Bobbles 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)

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"/>

Section 1: Insured Information

1. How did you hear about us?		
Are you an ERS or Inflatable Office customer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Corporate Name:		3. Effective Date:
4. Business Name:		5. Entity Type:
6. Contact Person:		7. Date of Birth:
8. Phone Number:		9. Fax:
10. Website:		11. Email:
11. Mailing Address:		
City:	State:	Zip:
12. Location Address:		
City:	State:	Zip:
13. Year Business Started (month & year):		14. FEIN/SS#:
15. Years of Management Experience? (does not have to be with inflatables)		
16. Type of Management Experience?		Total # of employees:

Section 2: General Information

1. Requested Effective Date (Activity Start Date):
2. Requested Expiry Date (Activity End Date):
3. Total Number of Actual Exposure Days (total # of playing days including games, practices & tournaments)
4. Average Number of Participants per Exposure Day:
5. Desired Accident Medical Deductible: <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2500
Desired Accident Medical Benefit:
6. Organization Type:



Knocker Balls / Soccer Bobbles Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Section 2: General Information

7. Event Location(s)/Address(es):

Is your operation fixed or mobile? ☐ Fixed ☐ Mobile

8. Please describe the operations/activities to be insured:

Level: ☐ Amateur ☐ College ☐ Professional ☐ Semi-Pro

Camp or Competition Type: ☐ Camp ☐ Tournament ☐ Clinic-Lesson ☐ League ☐ Team

Number of playing days including games, practices and tournaments (for period of coverage)

of events (play days) per year x # of yearly players = Total Yearly Players

of Participants 12 & younger

of Participants 13-15

of Participants 16-18

of Participants 19 & Older

of Employees

of Volunteers

Number of Teams

Is a soccer ball used? ☐ Yes ☐ No

What type of security will you be using?

Maximum number of spectators at any individual event or location:

Estimated Total Gross Receipts:

Will you be using any pyrotechnics, or using any mechanical devices that will be ridden (excluding sporting equipment)? ☐ Yes ☐ No

If yes, please describe in detail any use of special effects, pyrotechnics, or use of mechanical devices, etc:

Does any volunteer, owner, coach or official have a criminal record, or has ever had a criminal record? ☐ Yes ☐ No

If yes please explain:

Have you had any claims in the past five (5) years? ☐ Yes ☐ No

If yes, please describe any losses you have incurred over the past five (5) years, and provide insurance company loss runs:

Have you ever filed for bankruptcy? ☐ Yes ☐ No

If yes, please explain:

Have you ever had insurance cancelled or non renewed for any reason? ☐ Yes ☐ No

If insurance has been declined or cancelled please explain:

Does the applicant have risk exposure within the State of California? ☐ Yes ☐ No



Knocker Balls / Soccer Bobbles Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Coverage

Individuals Covered: All players, managers or coaches of the Policy Holder

Activities Covered: While participating as a member of the team in a scheduled game, an official tournament game, or in a practice session of the team; or traveling directly to or from a game or practice session as a member of the team.

Rates Contemplate: All policies are subject to minimum premiums / All standard terms, conditions and exclusions apply / Coverage cannot be back dated

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

Signature of Applicant:

Date:



Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

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: