



## Sports Event with Participant Coverage

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: Insured Information

How did you hear about us?

Contact Name:  DOB:  FEIN/SS#:

Phone Number:  Fax:  Email:

Named Insured (*Legal Name of the Company or Individual to be insured*)

Address of Insured:

City:  State:  Zip:

Website:  # of employees & volunteers:

Form of Business: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other:

Organization / Activity Type (If you are seeking coverage for a tournament or event type  
*Tournament/Event*)

Will all activities to be insured occur in the United States? ☐ Yes ☐ No

Event Location(s)/Address(es)

Sport/Activity:  Level:

Camp or Competition Type:

Please specify the Total Number of (distinct) Participants / Individuals for the following indicated age ranges (Provide an estimate where exact numbers are unavailable)

Total number of Participants 12 and younger:

Total number of Participants 13-15:  Total number of Participants 16-18:

Total number of Participants 19 and older:  Number of Teams:

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

Do you have any other insurable **Athletic** Activities not mentioned above? ☐ Yes ☐ No

Do you have any other insurable **Non-Athletic** Activities not mentioned above? ☐ Yes ☐ No

Please describe the operations/activities to be insured:



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### Section 2: General Information

What type of security will you be using?

Maximum number of spectators at any individual event or location:

Estimated Total Gross Receipts:

Desired Acc Med Deductible:

Desired Acc Med Benefit (\$25,000 is standard. Higher limits result in higher premium cost)

Requested Effective Date: (Activity Start Date)

Requested Expiry Date: (Activity End Date)

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

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

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

Have you ever filed for bankruptcy? ☐ Yes ☐ No

Have you ever had insurance canceled, or Non-renewed for any reason? ☐ Yes ☐ No

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

Does the applicant use a waiver and release? ☐ Yes ☐ No

**Please note** that the use of a waiver is mandatory for insurance coverage. For your protection we recommend having your waiver prepared/approved by your legal council.

### Section 3: Additional Insureds

Does the applicant require certificates of insurance for Additional Insureds? ☐ Yes ☐ No

**Additionally Insured Certificate (1):** Name:

Address:

Contact Name (If available)

Phone Number

Fax Number

Email:

Type of Business: ☐ Government/Municipality ☐ Sponsor ☐ Sub-Contractor  
☐ Beneficiary/Charity ☐ Venue/Facility



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### Section 3: Additional Insureds (Continued)

Does the applicant require certificates of insurance for Additional Insureds? ☐ Yes ☐ No

**Additionally Insured Certificate (2):** Name:

Address:

Contact Name (If available)

Phone Number

Fax Number

Email:

Type of Business: ☐ Government/Municipality ☐ Sponsor ☐ Sub-Contractor  
☐ Beneficiary/Charity ☐ Venue/Facility

### Section 4: Abuse/Molestation Coverage

This endorsement covers the LEGAL COSTS TO DEFEND AGAINST the accusation of ABUSE or MOLESTATION against a member of your organization. Basic Abuse/Molestation Coverage of \$5,000 per occurrence / \$10,000 aggregate is included in the base General Liability Package. Higher coverage Limits for Abuse / Molestation can be added for an additional premium as indicated below:

☐ \$25,000/\$50,000 Abuse/Molestation \$287.50 (estimate)\*

☐ \$50,000/\$100,000 Abuse/Molestation \$337.50 (estimate)\*

☐ \$100,000/\$500,000 Abuse/Molestation \$387.50 (estimate)\*

☐ \$1,000,000/\$1,000,000 Abuse/Molestation\*\* \$437.50 (estimate)\*

☐ \$1,000,000/\$2,000,000 Abuse/Molestation\*\* \$487.50 (estimate)\*

☐ (Higher Limits for) Abuse/Molestation Coverage NOT REQUIRED

\* May be more, depending on number of participants. Additional premium fully earned at policy inception

\*\*Background checks required

### Section 5: Hired/Non Owned Auto Liability Coverage

\$1,000,000 Hired/Non Owned Auto Liability Coverage can be added for an additional premium/taxes/fees of:

☐ \$775.00 (May be more depending on cost of hire. Fully earned policy at inception)

☐ Hired/Non Owned Auto Liability Coverage NOT REQUIRED

### Section 6: Excess Liability Coverage

Excess Liability Coverage with the following limits can be added for an additional premium as indicated below

☐ \$1,000,000/\$1,000,000 Excess Liability \$288.00\* (Total Liability Coverage Amount \$2M/\$4M)

☐ \$2,000,000/\$2,000,000 Excess Liability \$345.00\* (Total Liability Coverage Amount \$3M/\$5M)



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### Section 6: Excess Liability Coverage (Continued)

- |   |   |
|---|---|
| <input type="checkbox"/> \$3,000,000/\$3.000,000 Excess Liability | \$460.00* (Total Liability Coverage Amount \$4M/\$6M) |
| <input type="checkbox"/> \$4,000,000/\$4.000,000 Excess Liability | \$575.00* (Total Liability Coverage Amount \$5M/\$7M) |
| <input type="checkbox"/> \$5,000,000/\$5.000,000 Excess Liability | \$719.00* (Total Liability Coverage Amount \$6M/\$8M) |
| <input type="checkbox"/> Excess Liability Coverage NOT REQUIRED   |   |

\* May be more, depending on coverage period and number of participants. Fully Earned at Policy Inception.

### Section 7: Signature

Signature:

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: