



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: GENERAL INFORMATION**

How did you hear about us?		
Corporate Name:		DBA:
Year Business Started:		
Check One: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Contact Person's Full Name:		Date of Birth:
Email:	Website:	
Address:		
City:	State:	Zip:
Phone:	Fax:	

**Section 2: BUSINESS INFORMATION**

Annual Gross Sales:
Who manufactured the Karts?
Do Karts have an on board governor to limit top speed? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum speed of the Kart?      mph
Does a qualified mechanic maintain Karts? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum number of riders per Kart? <input type="checkbox"/> 1 <input type="checkbox"/> 2
Are age and height restrictions in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:
Are signs clearly posted that outline the driver's responsibilities when driving the Kart? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are all rules and regulations strictly enforced? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are all attendants' supervisors or monitors at least 19 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:
Are Karts gas or electric? <input type="checkbox"/> Gas <input type="checkbox"/> Electric
If Karts are gas please provide the following information:
Is fuel filling performed in a restricted area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there appropriate protection and ventilation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are "No Smoking" signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are vehicles properly cleaned after each fill? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 2: BUSINESS INFORMATION (Continued)**

How much gasoline is stored on the premises?	Gallons
How is it stored?	
Due to potential injury caused by accidental intake of hair, jewelry, or clothing please confirm the following are covered:	
Axles: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gear boxes: <input type="checkbox"/> Yes <input type="checkbox"/> No
Intake or exhaust ports: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any "NO" responses: (for no covers)	
Are driver areas enclosed e.g., molded fiberglass? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.	
Any other amusement rides or devices on premise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.	
Are employees instructed to enforce all rules and regulations even if means ejection of a participant from the ride or refusal of service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide a complete description of the race track area, including the following:	
What is the surface of the track?	
What is the construction of the barriers?	
What is the height of the track barriers?	
Is it sufficient to prevent ejection or overturn? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do turn walls have tires or other impact materials for protection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do patrons cross the drive path of other riders? (e.g. figure 8) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have warning signals or an audio system to notify patrons of potential accidents or obstructions on the track? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain:	
A diagram of the track is required, including spectator areas, crossovers, or other unique hazards. PLEASE COMPLETE ON PAGE 3.	
Any additional information:	

**Section 3: PRIOR INSURANCE INFORMATION**

Coverage	Insurance Company	Exp. Date	Limits	Premium	Deductible	Premium Basis
General Liability						Receipts:
Umbrella						
Workers Comp						Payroll:

**Section 4: DIAGRAM OF PREMISES**

**Section 5: WARRANTY**

It is hereby understood and agreed that if insurance is issued by virtue of completing this application, the insurance is only issued on the reliance on the applicant's warranty of answers to the questions above. 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 of Applicant (Mandatory)	Date
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**SAVE APPLICATION**



**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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