



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: BUSINESS INFORMATION**

How did you hear about us?

Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ FEIN/SS#: \_\_\_\_\_

Form of Business:  Sole Proprietor  Partnership  Corporation  Other:

Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location Address: (If different from Mailing Address)

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Desired Effective date: \_\_\_\_\_ Is this a new business?  Yes  No

What states do you operate in?

Where is equipment stored? \_\_\_\_\_ How is equipment secured? \_\_\_\_\_

Do you have an alarm?  Yes  No If so , what kind?

Is the Equipment rented out with operators?  Yes  No

Do you use any other equipment not listed below?

**Section 2: ADDITIONAL INTERESTS**

Name: \_\_\_\_\_

Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Interest?

Applicant's Signature: \_\_\_\_\_

FEIN# or Soc. Sec.# \_\_\_\_\_ Date: \_\_\_\_\_

Agency/Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Section 3: Trailers

Storage Location:

Type of Trailer?

Flatbed or Cargo:  Flatbed  Cargo

Is it in a building or open area?  Building  Open Area

Is it in a fenced area?  Yes  No

Is there a locked gate to get into the fenced area?  Yes  No

How is equipment or trailers secured?

Is there a locking device on hitch or wheel?  Yes  No

## Section 4: Buildings

Storage Location:

Home or Commercial?  Home  Commercial

Distance to nearest fire station:

Central Station alarm installed?  Yes  No

If yes, who is it serviced by?

Type of Central Station Alarm  Motion  Perimeter

Does the facility have a surveillance camera after hours?  Yes  No

Is facility sprinklered?  Yes  No

Is there a fire alarm?  Yes  No

Number of fire alarms:

**CONTINUE TO NEXT PAGE TO COMPLETE INVENTORY**



**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:

**SAVE APPLICATION**