

Si desea leer la solicitud en español; por favor haga clic en la nota amarilla y aparecera la traducción o la definición de la pregunta.

1. Complete la solicitud (todas las páginas) en su totalidad mediante los campos azules.
2. Es obligatorio rellenar todos los campos con la información correcta.
3. Enviar la solicitud a apps@cossioinsurance.com o fax a 864-603-2348.

Section 1: BUSINESS INFORMATION

Business Name:

Requested Liability Limits: Proposed Effective Date:

Type of Business: (please select) Individual Partnership Corporation LLC

Contact Name: Birth Date: Home #:

Business #: Fax #: Cell #:

Email Address: Website:

Mailing Address:

City: State: Zip:

Location Address: (If different from Mailing Address)

Address:

City: State: Zip:

Year Business Started:

Detailed description of operations:

Do you sell goods on the internet? Yes No

Do you repair equipment? Yes No

Do you rent equipment? Yes No

Do you sell used equipment? Yes No

Do you sell, repackage or manufacture under your own brand or label? Yes No

Are any of your suppliers/distributors located outside the U.S.? Yes No

Section 2: INSURANCE

Current/Prior Insurance Carrier:

Policy Number: Premium Effective Dates:

Any claims? Yes No

If yes explain:

Section 2: INSURANCE

Any policy declined, cancelled, or non-renewed within the past 3 years? Yes No

City Limits: Inside Outside Property: Owned Leased/Rented

Name of Lessor/Landlord or Additional Insured:

Address of Lessor/Landlord or Additional Insured:

City: State: Zip:

Estimated Annual Gross Receipts \$

Section 3: GENERAL INFORMATION

Please Explain all "Yes" Responses

Is the applicant a subsidiary or another entity or does the applicant have any subsidiaries?
 Yes No Explain:

Is a formal safety program in operation? Yes No
Explain:

Any exposure to flammables, explosives, chemicals? Yes No
Explain:

Any catastrophe exposure? Yes No Explain:

Any other insurance with company or being submitted? Yes No
Explain:

Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? Yes No
Not applicable in MO. Explain:


Any past losses or claims relating to sexual abuse or molestation or allegations, discrimination or negligent hiring? Yes No Explain:


During the last ten years, has any applicant been convicted of any degree of the crime of Arson?
 Yes No Explain:


Any uncorrected fire code violations? Yes No
Explain:


Any bankruptcies, tax, or credit lines against the applicant in the past 5 years? Yes No
Explain:


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:

Please list all scheduled equipment, ED&P and Improvements & Betterments that you want covered by this property policy.

#	Location	Item	Quantity	Manufacturer	Cost New	Insured Value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Total Values						

Comments:

SAVE APPLICATION