

WEDDING CANCELLATION & PROPERTY 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: PROGRAM SUMMARY

Wedding insurance protects your investment in your wedding for occurrences such as:

- Venues not usable
- Venues & suppliers going out of business or not performing their services
- Cancellation of the wedding for various causes, such as weather, terrorism, military deployment, airplane delays.

Coverage is also included to protect your rings, attire, photographs, video, luggage, presents, cake & flowers and documents.

The Wedding Cancellation program includes coverage for the rehearsals, ceremony and reception.

Coverage is available for insured located in the 50 United States & DC for wedding taking place domestically, or in Canada, UK, Mexico, Bermuda, Caribbean Islands (other than Cuba), and cruise ships leaving from ports within these territories.

Section 2: CON	NTACT INFORM	MATION						
How did you hear a	about us?							
Name			Date of	Date of Birth:				
Primary Address								
City:	State:			Zip:				
Mailing Address (If	different)							
City:		State:	Zip:	Zip:				
Phone:	Fax:			Email:				
Section 3: BRI	DE & GROOM D	ETAILS						
Bride's Name				Date of Birth:				
Occupation:				U.S. Resident: Yes	No			
Drivers License Nu	ımber:							
Groom's Name			Date of Birth:					
Occupation:				U.S. Resident: Yes				
Drivers License Number:								
Section 4: VEN	IUE DETAILS							
Ceremony Venue Name:			Locat	Location				
Address			ı	City:				
				Oity.				



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Section 4: VENUE DETAILS (Continued)								
Reception Venue Name:				Location	Indoors \square	Outdoors		
Address				City:				
State:	Zip: Country*							
*Optional Extended Policy Territory (the UK, Mexico, Bermuda and the Carribean Islands [excluding Cuba] and cruise ships leaving from ports within these territories. ☐ Include								
Section 5: COVERAGES								
Cancellation Limit (up to the wedding cost)								
Additional Included Coverages								
Wedding Cost	Up to \$10,000	Up to \$25,000	Up to \$50,000	Up to \$75,000	Up to \$100,000	Over \$100,000		
Photo & Video	1,000	2,500	3,500	5,000	7,500	10,000		
Wedding Gifts	1,000	2,500	3,500	5,000	7,500	10,000		
Wedding Attire	1,000	2,500	3,500	5,000	7,500	10,000		
Wedding Rings	1,000	2,500	3,500	5,000	7,500	10,000		
Loss of Deposits	1,000	2,500	3,500	5,000	7,500	10,000		
Extra Expense	1,000	2,500	3,500	5,000	7,500	10,000		
Professional	500	500	500	500	500	500		
The deductible is \$25 for each coverage section								
Section 6: SIGNATURE								
Signature				Date				

PLEASE CONTINUE ON TO THE NEXT PAGE TO READ & SIGN FRAUD STATMENT



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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:
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