



ACCIDENT/MEDICAL QUOTATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 Simpsonville SC 29681

DIRECTIONS:

1. Complete the application (all pages) in full by filling in the blue fields.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax it to 864-688-0138.

Section 1: General Information

1. Organization Name:		Legal Name:
Coverage Term	through	
2. Facility Address:		
City:	State:	Zip:
Mailing Address (if different):		
City:	State:	Zip:
3. Contact Person:		
4. Phone Number:		Fax Number:
5. Website Address:		Date of Formation:
6. Person responsible for general operation of activities:		
7. Years of experience and type of experience:		
8. How do you wish to receive your quotation? Fax:		Email:
Mail:		

Section 2: Insurance Information

9. Current Policy Expiration Date:	Current Insurance Co:
Current Expiring Premium:	
10. Has any insurer ever canceled or refused coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

Section 3: Number of Partipants

11. # of Youth Participants:	# of Adult Participants:
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Section 4: List of Activities

Please break down by participant numbers if applicable:



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Section 4: List of Activities (continued)

Please break down by participant numbers if applicable:

Section 5: Coverages Desired

12. Maximum Medical Benefit \$

Accidental Death & Dismemberment Benefit \$

Deductible \$

Coverage Type: Excess Primary

Other Coverage Needs:

Section 6: Underwriting

13. Total Annual Gross Receipts: \$

Admissions: \$

Concessions: \$

Retail: \$

Fees: \$

14. Number of employees:

Full-time:

Part-time:

15. Are there any amusement rides, air inflatable structures, rock climbing walls, etc. on premises or brought on premises temporarily? Yes No

If yes, please describe:

16. Please describe medical and first aid facilities provided:

17. Are childcare services provided? Yes No

If yes, do you do background checks on individuals providing child care services? Yes No

Please explain the services offered and the procedures in place to protect the children while in your care.



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Section 7: General Questions

Are rules posted conspicuously and enforced at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are participants required to wear safety equipment during play? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the referees or coaches employees of your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are written emergency procedures in places? <input type="checkbox"/> Yes <input type="checkbox"/> No (attach copy)	
Please also provide (quote will not be released until all of these materials are received and reviewed): Loss runs for the past three years (if applicable), Emergency procedures	
<p>The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.</p> <p>It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.</p> <p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by Cossio Insurance Agency.</p>	
Signature of Applicant:	Date:
Signature of Licensed Agent:	
Agency Name & Address:	



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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