THE CIA

PAINTBALL STORE APPLICATION

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 of Fax to 864-688-0138

NOTE: PLEASE DO NOT FILL OUT IN YOUR BROWSER! You must download the application.

POLICY RECOMMENDATIONS   (Please check any you are interested in)

☐ General Liability	☐ Accident Medical	☐ Earthquake
☐ Inland Marine	☐ Workers Compensation	☐ Commercial Auto
☐ EPLI	☐ Flood	☐ Hired & Non-Owned Auto
☐ Umbrella	☐ Abuse / Molestation	☐ Cyber Liability

Section 1: BUSINESS INFORMATION

How did you hear about us?

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 if not indicate SAME)

Address:

City: | State: | Zip:

Year Business Started:

Detailed description of operations: (Please use additional paper if needed)

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:

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

City Limits: ☐ Inside ☐ Outside | Property: ☐ Outside ☐ 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:

Section 3: GENERAL INFORMATION (continued)

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:

Section 4: LOCATION

FOR EACH LOCATION YOU OPERATE YOU NEED TO COMPLETE THE FOLLOWING:

Location no.:	Address:	
City:	State:	Zip:

Subject of Insurance	Amount	Deductible Requested
Building (If owned by you)		
Contents (Inventory)		
Fixtures (Upgrades, computers, etc)		
Loss of Income (Min. 40% of Gross Receipts)		

Building Construction Type (i.e. frame/brick/concrete):

No. of Stories:	No. of Basements:	Total Area (sq. ft.):

Fire Station District:

DISTANCE to hydrant (feet):	to station (miles):	Year Built:

Building Improvements (give year):
 Wiring: Roofing: Plumbing: Heating:

Bars on Windows? ☐ Yes ☐ No	Central Station Burglar alarm? ☐ Yes ☐ No

** Burglar alarm is required for property coverage. Copy of monitoring agreement may be required

** Burglar Alarm type (i.e. motion/glass break/perimeter/etc):

Installed/Monitored by:

Sprinklers? ☐ Yes ☐ No	Extinguishers? ☐ Yes ☐ No

If owned-Mortage Company:

Street Address:

City:	State:	Zip:

I, , certify that the above information is true & correct.

Signature:	Date:

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CYBER LIABILITY

1. Do you process payment cards? ☐ Yes ☐ No
2. Estimated annual number of payment card transactions

WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. 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

Print Name of Applicant	Title:
Signature of Applicant (Mandatory)	Date:

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:

SAVE APPLICATION