

Cossio Insurance Agency
P.O Box 1304, 187 Carolina Way
Fountain Inn, SC 29644
864-862-2838 (T)
801-640-9298 (F)

APPLICATION FOR PORTABLE WALLS

THE FOLLOWING INFORMATION MUST BE ATTACHED FOR A QUOTE

1. FIVE-YEAR LOSS HISTORY 2. CURRENT FINANCIALS

SECTION A -- APPLICANT INFORMATION

1. Name of Insured as it is to appear on policy _____
Doing Business as: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone number: _____ Fax number: _____ Email: _____
2. Address of actual operation if different from above: _____
City: _____ State: _____ Zip: _____
Telephone number: _____ Fax number: _____ Email: _____
3. Name of Owner or Insurance Contact: _____
4. Do You : Own Lease Premises? Are you an: Individual Corporation Partnership?

SECTION B -- CLAIMS HISTORY FOR THE LAST 5 YEARS (HARD COPY LOSSES MUST BE ATTACHED)

1. Describe all claims (regardless of fault) that have occurred in the last 5 years:
 - a) Claim: _____ Amount Paid: _____ Date: _____
 - b) Claim: _____ Amount Paid: _____ Date: _____
 - c) Claim: _____ Amount Paid: _____ Date: _____
 - d) Claim: _____ Amount Paid: _____ Date: _____
 - e) Claim: _____ Amount Paid: _____ Date: _____

Section C -- Insurance Information

1. Name of current insurance company: _____ Expiration Date: _____ Premium: _____
 2. Number of years in business at this location: _____ years? Total experience in this type of business: _____ years?
 3. Description of Operation/Location: (check all that apply)
 - Portable Wall
 - Other Activities (Please List) _____
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Applicant's Attestation – I understand that the information contained in this application will be relied upon by the insurer and its agent in determining whether to enter into an insurance contract with the same insured. I hereby represent that all the information provided is truthful, accurate and complete. I understand this application will become part of the insurance contract entered into and that any material misrepresentation or omission will be grounds for the insurer to rescind the policy and all insurance coverage.

Applicants Name: _____

Applicants signature: _____

Date: _____