



**Insured by The  
CIA**

Thank you for considering Cossio Insurance Agency. We strive to give our customers personal service, with the best coverage, at the best rate. Please complete the following checklist in order for us to process your application in a timely manner and return this form with your application.

\_\_\_\_\_ Completion of Recreational application

\_\_\_\_\_ Copy of your rental agreement/waiver or use sample one provided (put your letterhead on it)

\_\_\_\_\_ Inventory sheet must have **dimensions AND serial numbers** of units (if you do not have serial numbers, you must identify your units with your own serial numbers, such as your initials 001, initials 002,

\_\_\_\_\_ Estimated annual sales or last year's annual sales (question on application)

\_\_\_\_\_ Years in business and experience (question on application)

**Current insurance carrier information**

\_\_\_\_\_ Declarations page (first page of policy w/liability limits and policy number)

\_\_\_\_\_ Expiration date and expiring premium

\_\_\_\_\_ Loss runs (statement from current carrier stating if you have/have not had any claims)

**Insurance information requested does not apply to new business owners.**

All of this is absolutely necessary in order to receive a quote. Any missing item is considered an incomplete application and there will be a delay in processing your request.

Please allow 7 – 14 days to receive a quote. Your application will leave our office within 48 hours of receiving all information from you; however, once it leaves our office, it is out of our control and in the hands of the underwriters.

We look forward to working with you and helping you with your insurance needs.

**Cossio Insurance Agency**

Ph: 864-862-2838

Fax: 801-640-9298

**Recreational Equipment Liability Application**

Named Insured \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_

Form of Business \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Other \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Internet address (Web Page) \_\_\_\_\_

Location address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this an off-premise rental business? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, describe: \_\_\_\_\_

Desired effective date: \_\_\_\_\_ Is this a new business? \_\_\_\_\_

Detailed description of business activities: \_\_\_\_\_  
\_\_\_\_\_

Date business started: \_\_\_\_\_ Years experience in industry: \_\_\_\_\_

Any Training or Certifications: \_\_\_\_\_

Explain: \_\_\_\_\_

Do you provide instruction? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

Do you currently have a general liability policy (s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is your current insurance carrier? \_\_\_\_\_

**Provide Declarations Page (first page of policy)**

What was your expiring premium? \_\_\_\_\_ Dates of policy period \_\_\_\_\_

**Provide Loss Runs (claim history) from your current carrier.**

Please provide details of any incurred losses over the past three years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## SAMPLE Release of Liability

This document affects your legal rights. You must read and understand it by initialing or signing it.

**DUTY OF PARTICIPANTS:** It is recognized that some activities conducted by \_\_\_\_\_ are hazardous to participants regardless of all feasible safety measures, which we can take. All participants have a duty to act as a reasonably prudent person when engaging in the recreational activities, which are offered by \_\_\_\_\_. I hereby covenant and agree not to:

- a) act in any way which shall interfere with the running or operation of \_\_\_\_\_ when such activities conform to the rules and regulations of the State of \_\_\_\_\_.
- b) use any of \_\_\_\_\_ equipment or facilities or services if I do not have the ability to use such facilities, equipment, or services safely without instructions until I have requested and received sufficient instruction to permit safe usage.
- c) Engage in any harmful conduct or willfully, or negligently engage in any type of conduct which contributes to as causes injury to any person.
- d) To embark in any self initiated activity without first informing \_\_\_\_\_ of my intentions and receiving permission from \_\_\_\_\_ to engage in such self-initiated activity.

**ACKNOWLEDGMENT AND ACCEPTANCE OF RISK:** I understand and acknowledge that the activity which I am about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks which could result in injury, death, illness or disease, physical or mental, or damage to myself, to my property, or to spectators or other third-parties. I, being aware that this activity to accept and assume all responsibility and risk for injury, death, illness, or disease, or damage to myself or to my property arising from otherwise damaged due to any negligent notions. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of the known and unknown risks.

**RELEASE:** In consideration of the services and/or property provided, I, for myself and any minor children for which I am the parent, legal guardian, or other wise responsible, any heirs, personal representatives, or assigns, do hereby release \_\_\_\_\_, its principals, directors, officers, agents, employees, and volunteers from any liability and waive any claim for damages arising from any cause whatsoever (except that which is gross negligence). I further agree to reimburse you for all attorney's fees and costs should I bring legal action against you and lose.

**ENTIRE AGREEMENT:** I understand that this is the entire Agreement between myself and \_\_\_\_\_, it agents or employees, and that it cannot be modified or changed in any way by the representatives or statements of any employees of \_\_\_\_\_ or by me.

My signature below indicates that I have read this entire document and understand it completely and agree to be bound by its terms.

DATE: \_\_\_\_\_

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SIGNATURE OF PARTICIPANT

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SIGNATURE OF PARENT/GUARDIAN (IF PARTICIPANT IS UNDER 18)

**SAMPLE LOSS LETTER**

**MUST BE COMPLETED ON YOUR LETTERHEAD**

**Address it to the Insurance Carrier providing each type of Coverage\***

(if same carrier provides more than 1 type of coverage, the coverages can be combined on the same letter otherwise, a separate letter must be provided for each coverage)

Date

Insurance Carrier Name  
Address

**Re:   General Liability - Policy #:  
      Property - Policy #:  
      Auto Liability - Policy #:  
      Workers Compensation - Policy #**

To whom it may concern:

We are requesting updated loss information for all years your company has provided the captioned coverage(s).

This letter will authorize you to forward this information to:

Cossio Insurance Agency  
P.O. Box 1304  
Fountain Inn, SC 29644

Thank you for your prompt attention to this matter.

Cordially yours,

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Title)