Special Event Enrollment Form
General Liability Insurance

1. Name of Policyholder: _____

2. Nature of Business: _____

3. Mailing Address: _____

4. Effective Date of Coverage _____(mm/dd/yy) includes set up date

5. Termination Date of Coverage_____(mm/dd/yy) includes take down date

6. Covered Activity: _____

7. Event Location Address: _____

8. Plan of Benefits:

Liability Coverage:	General Aggregate	$1,000,000
Liability Coverage:	Each Occurrence	$1,000,000
Excess Liability:	General Aggregate	$_____
Excess Liability:	Each Occurrence	$_____

9. Premium Computation:

Total Premium Due Company $_____

I understand and agree that if this application is accepted by the Company, coverage will begin on the date of acceptance or on the date requested on Question [4] above, whichever is later, subject to the payment of the required premium.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files claims containing false or deceptive statement may be guilty of insurance fraud.

Additional Insured: _____

Address: _____

Policyholder signature_____

_____	_____	_____
Name	Title of Group Official	Date

Once completed, please save this document to your computer and e-mail it back to one of our agents as an attachment!

_____

Agent or Home Office Use Only:

Cossio Insurance Agency Address: P.O. Box 188 Simpsonville, SC 29681

Phone: (864) 688-0121 Fax: (864)688-0138

_____	_____	_____
Agent License No.	Agent's Signature	Date

ANL-SR02 App