



COSSIO INSURANCE AGENCY

PAINTBALL STORE APPLICATION

PO Box 188
Simpsonville, SC 29681
Phone: (864) 688-0121
Fax: (864) 688-0138
www.cossioinsurance.com

Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top to view directions in the pop up window of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to apps@cossioinsurance.com.

REQUESTED LIABILITY LIMITS: _____

PROPOSED EFFECTIVE DATE: _____

Business Name: _____

Type of Business: (Check One)

- Individual
 Partnership
 Corporation
 LLC

Contact Name: _____

Email Address: _____ Website: _____

Business no.: _____ Fax no.: _____

Home no.: _____ Cell no.: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Location Address: (If different from Mailing if not indicate SAME)

Address: _____

City: _____ State: _____ Zip: _____

Federal Employee ID #: _____ Year Business Started: _____

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

- | | | | |
|---------|--|------------------------------|-----------------------------|
| DO YOU: | sell goods on the internet? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | repair equipment? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | rent equipment? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | sell used equipment? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | sell, repackage or manufacture under your own brand or label? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | Are any of your suppliers/distributors located outside the U.S.? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Current/Prior Insurance Carrier: _____

Policy Number: _____ Premium Effective Dates: _____

Any claims? yes no If yes explain: _____



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

City Limits: Inside Outside Property: Owned Leased/Rented

Name of Lessor/Landlord or Additional Insured: _____

Address of Lessor/Landlord or Additional Insured: _____

City: _____ State: _____ Zip code: _____

Estimated Annual Gross Receipts \$ _____

PLEASE EXPLAIN ALL "YES RESPONSES	YES	NO
1) Is the applicant a subsidiary or another entity or does the applicant have any subsidiaries? Explain: _____		
2) Is a formal safety program in operation? Explain: _____ _____		
3) Any exposure to flammables, explosives, chemicals? Explain: _____ _____		
4) Any catastrophe exposure? Explain: _____ _____		
5) Any other insurance with company or being submitted? Explain: _____ _____		
6) Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? Not applicable in MO. Explain: _____ _____		
7) Any past losses or claims relating to sexual abuse or molestation or allegations, discrimination or negligent hiring? Explain: _____ _____		
8) During the last ten years, has any applicant been convicted of any degree of the crime of Arson? Explain: _____		
9) Any uncorrected fire code violations? Explain: _____ _____		
10) Any bankruptcies, tax, or credit lines against the applicant in the past 5 years? Explain: _____		



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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 (25% 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-Mortgage Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

Signature

Date

SUBMIT