



COSSIO INSURANCE AGENCY

EVENT PLANNER QUOTE REQUEST

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- 1. Complete the enrollment form (all pages) in full by selecting a field with the mouse and by using the tab button.
- 2. Please fill in all the fields with the correct information.
- 3. Mail the completed quote request form to the address listed below.
- 4. You may e-mail this application to apps@coasioinsurance.com.

1. Corporate Name _____

2. Company Name _____

3. Tax Id Number _____ Requested Effective Date _____

4. Contact name _____ Title _____
E-mail Address _____

5. Best time to contact? Morning Afternoon Evening

6. Work Phone _____ Home Phone _____
Fax _____

7. Mailing Address _____
City _____ State _____ Zip Code _____

8. Type of business/ provide a detailed description of operations: _____

9. Year Business Started _____ Current Insurance Carrier _____
Policy Number _____ Expiration Date _____

10. Liability Limits: 300,000 500,000
 1,000,000 2,000,000 5,000,000

11. Liability Ded: 500 1,000
 2,500 5,000 10,000

12. Property Limits: _____

13. Property Ded: 500 1,000
 2,500 5,000 10,000

14. Is company canceling coverage? yes No
Why? _____

15. Annual Sales \$ _____ Current premium _____
Any claims in the last five years? yes No

16. Building value \$ _____ Inventory value \$ _____
Fixtures value \$ _____ Loss of Income \$ _____

17. Are windows protected with bars? yes No
Do premises have central station burglar alarm? yes No

18. Construction type: Block Frame Steel
Number of Stories _____ Year Built _____ Basements _____ Total Area _____

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19. Building Improvements (if structure is over 20 years old): check box and enter year completed.

Wiring Year: _____

Plumbing Year: _____

Roofing Year: _____

Heating Year: _____

Other: _____ Year: _____

Distance to fire station _____ miles Distance to fire hydrant: _____ feet

Fire District responding to call for your location: _____

EVENT/PARTY PLANNERS & COORDINATORS SUPPLEMENTAL APPLICATION

20. Name of Applicant _____

21. Location of Premises: _____

22. Does Applicant own or lease (long term) a hall/banquet facility? yes no

If yes, what is the square footage? _____

23. Type of Events (Show percentage of Annual Receipts by type of Event):

Event	Percentage	Event	Percentage
Auto Shows	_____	Exhibitions-Inside*	_____
Animal Shows - Cat, Dog, Horse, etc.	_____	Exhibitions-Outside*	_____
Athletic Events/Exhibitions/Contests*	_____	Fashion Shows	_____
Antiques & Collectibles Shows	_____	Festivals*	_____
Includes Books, Coins, Comic Books, Stamps and Trading Cards	_____	Gun Shows	_____
Auctions	_____	Health, Science Fairs	_____
Baby or Wedding Showers	_____	Home and/or Garden Shows	_____
Bar/Bat Mitzvahs, Baptisms, Quincenera	_____	Open Houses	_____
Barbecues	_____	Political Gatherings, Conventions, Rallies*	_____
Beauty Pageants	_____	Proms	_____
Boat Shows	_____	Meetings/Seminars-Type:	_____
Charity Events-Banquest, Socials, Dances	_____	(Under 150 People in attendance)	_____
Cocktail Receptions	_____	Corporate	_____
Church Gatherings	_____	Private	_____
Computer and/or Electronic Fairs/Shows	_____	Public	_____
Conventions/Trade Shows*-Type:	_____	Recitals	_____
(150 or more people in attendance)	_____	Parties-Type:	_____
Corporate	_____	Anniversary	_____
Trade	_____	Birthday	_____
Industry	_____	Dinner	_____
		Holiday	_____

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Events (continued)

Event	Percentage	Event	Percentage
Office	_____	Reunions	_____
Sporting Event-TV (i.e., Super Bowl)	_____	Rodeos/Bull fights*	_____
Theme	_____	RV Shows	_____
Other Describe:	_____	Speaking Engagements	_____
_____	_____	Talent Shows/ Contests	_____
_____	_____	Theatrical/ Movie Premieres	_____
Picnics-Type:	_____	Weddings & Wedding Receptions	_____
Corporate-Employee only	_____		
Corporate-Other Private	_____		

**Provide a separate detailed narrative description of Events*

Musical Events

Event	Percentage	Event	Percentage
Alternative	_____	Heavy Metal	_____
Bluegrass	_____	Hip Hop	_____
Classical and/or Chamber Music	_____	Jazz	_____
Country Western	_____	Rap	_____
Gospel & Religious	_____	R&B	_____
Gothic	_____	Other-Describe Type: _____	_____
Hard Rock	_____	_____	_____

**Provide a separate detailed narrative description of Events*

24. Number of Event dates planned for current year: _____

Number of Event dates held last year: _____

Average attendance per Event date: _____

Maximum daily attendance per Event: _____

Average length of Event (number of days): _____

25. Total Annual Receipts/Sales \$ _____

Total Annual Cost of Subcontractors \$ _____

Total Annual Payroll \$ _____

Total Number of Employees _____

26. Does the Applicant sponsor or promote any Events? yes no

If yes, provide details: _____

27. Is Applicant involved in any other operations of business? yes no

If yes, describe: _____

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28. Services Provided (Indicate: yes, no, or NA)

Additional Services	Performed by Applicant & Employees	Provided by Subcontractors Hired by Applicant	This Service is not provided
a) Automotive Tours-Bus/Jeep/Other	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
b) Booking Agent	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
c) Catering-Food & Non-Alcoholic Drink only Catering-Food & Liquor Catering-Liquor Only-Bartender Service	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
d) Consulting Only-No other services provided	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
e) Construction-Setup and/or Take Down	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
f) Babysitting	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
g) Fireworks	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA

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28. Services Provided (continued, Indicate: yes, no, or NA)

Additional Services	Performed by Applicant & Employees	Provided by Subcontractors Hired by Applicant	This Service is not provided
h) Horseback Riding	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
i) Hot Air Balloon Rides	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
j) Maintenance/Janitorial Responsibilities	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
k) Rope Courses	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
l) Security Operations-Type Bodyguard/Personal Security Bouncers/Crowd Control Doormen Parking/Traffic Control Watchmen/Guard Service	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA

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28. Services Provided (continued, Indicate: yes, no, or NA)

Additional Services	Performed by Applicant & Employees	Provided by Subcontractors Hired by Applicant	This Service is not provided
m) Shuttle/Taxi/Limousine Service	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
n) Team Building Exercises-Indoor or Outside	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
o) Vehicle Valet Service	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA

29. If work is subcontracted:

Are certificates of insurance required from all subcontractors and vendors? yes no

Is Applicant added as additional insured on subcontractors' policy? yes no

Are Limits of Liability on subcontractors policy equal or greater than Applicants? yes no

Does Applicant ever use uninsured contractors or subcontractors to provide products or services for any event? yes no

30. Hold-Harmless Agreements:

Does the Applicant use a standard client contract, which outlines the specific responsibilities of the applicant? yes no

Do others hold Applicant Harmless? yes no

Does Applicant agree to hold any third party harmless? yes no

Does Applicant assume, by contract or verbally, responsibility for any injury or damage that may occur during the event? yes no

31. Equipment-Does the Applicant rent, furnish or install any of the following equipment?

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Amusement Devices | <input type="checkbox"/> Barricades | <input type="checkbox"/> Bleachers | <input type="checkbox"/> Dance Floors |
| <input type="checkbox"/> Folding Chars/Tables | <input type="checkbox"/> Sound Equipment | <input type="checkbox"/> Stages/Staging | <input type="checkbox"/> Tents |
| <input type="checkbox"/> Portable Restrooms | <input type="checkbox"/> Space Heaters | | |

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- 12. Does Applicant have Workers' Compensation coverage in force? yes no
Does Applicant lease employees? yes no
- 13. Does Applicant have Professional Liability coverage in force? yes no
- 14. Does Applicant have Liquor Liability coverage? yes no
- 15. Does the Applicant have a Web Site? yes no
If yes, provide the website Address: _____

16. Attach in separate email or fax:
- a) Any descriptive advertising literature;
 - b) Copy of Applicant's standard contract with clients;
 - c) Copies of all agreements in which the Applicant has assumed liability; and
 - d) Separate detailed narrative descriptions as required.

Contact person _____
Phone number _____

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

PRODUCER'S NAME: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: Cossio Insurance Agency _____

AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

NOTE: Click the Save button and save this document in your documents file folder. Make sure that all the information you have entered is correct and then e-mail this application to apps@cossioinsurance.com.

Questions? Please call us at (864) 688-0121 or send us a fax at (864) 688-0138

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