



Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
 2. Please fill in all the fields with the correct information.
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

Section 1: INSURED INFORMATION

How did you hear about us?		
Name Insured:		Date:
Contact Name:		
Mailing Address:		
City:		State: Zip:
Phone Number:	Fax:	Email:
Birth Date:		
Garaging Address:		
City:		State: Zip:
Desired Effective date:		
Current Insurance Carrier:		Prior Insurance Carrier:

Section 2: VEHICLE INFORMATION

Vehicle 1:		Year:	Make:	Model:
Body Type:		Vehicle Identification Number:		
Cost New:				
Radius in miles vehicle will be driven:			Annual Miles:	
Usage: <input type="checkbox"/> Work/School <input type="checkbox"/> Pleasure <input type="checkbox"/> Business				
Coverage requested:				
Liability Limits: <input type="checkbox"/> State Minimum <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 500/500				
Medical: <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000				
Uninsured Motorist Limits: <input type="checkbox"/> 15/30 <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 500/500				
Underinsured: <input type="checkbox"/> Yes <input type="checkbox"/> No		Collison Deductible: <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000		
Comprehensive Deductible: <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000				

Vehicle 2:		Year:	Make:	Model:
Body Type:		Vehicle Identification Number:		
Cost New:				
Radius in miles vehicle will be driven:			Annual Miles:	
Usage: <input type="checkbox"/> Work/School <input type="checkbox"/> Pleasure <input type="checkbox"/> Business				



PERSONAL AUTO APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Section 2: VEHICLE INFORMATION (Continued)

Vehicle 2 (CONTINUED):

Liability Limits: State Minimum 25/50 50/100 100/300 250/500 500/500

Medical: 500 1,000 2,500 5,000 10,000

Uninsured Motorist Limits: 15/30 25/50 50/100 100/300 250/500 500/500

Underinsured: Yes No Collison Deductible: 250 500 1,000

Comprehensive Deductible: 250 500 1000

Vehicle 3:

Year:

Make:

Model:

Body Type:

Vehicle Identification Number:

Cost New:

Radius in miles vehicle will be driven:

Annual Miles:

Usage: Work/School Pleasure Business

Liability Limits: State Minimum 25/50 50/100 100/300 250/500 500/500

Medical: 500 1,000 2,500 5,000 10,000

Uninsured Motorist Limits: 15/30 25/50 50/100 100/300 250/500 500/500

Underinsured: Yes No Collison Deductible: 250 500 1,000

Comprehensive Deductible: 250 500 1000

Vehicle 4:

Year:

Make:

Model:

Body Type:

Vehicle Identification Number:

Cost New:

Radius in miles vehicle will be driven:

Annual Miles:

Usage: Work/School Pleasure Business

Liability Limits: State Minimum 25/50 50/100 100/300 250/500 500/500

Medical: 500 1,000 2,500 5,000 10,000

Uninsured Motorist Limits: 15/30 25/50 50/100 100/300 250/500 500/500

Underinsured: Yes No Collison Deductible: 250 500 1,000

Comprehensive Deductible: 250 500 1000

Section 3: DRIVER INFORMATION

For each Driver we will need the following:

Name:

Marital Status: Single Married Divorced

Address:

City:

State:

Zip:

Date of Birth:

Years Experience Driving:

Sex: Male Female



PERSONAL AUTO APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Section 3: DRIVER INFORMATION (Continued)

Year received license:

License #: State: Percent this person will be using vehicle:

Occupation:

Name Driver # 2: Marital Status: Single Married Divorced

Address:

City: State: Zip:

Date of Birth: Years Experience Driving: Sex: Male Female

Year received license:

License #: State: Percent this person will be using vehicle:

Occupation:

Name Driver #3: Marital Status: Single Married Divorced

Address:

City: State: Zip:

Date of Birth: Years Experience Driving: Sex: Male Female

Year received license:

License #: State: Percent this person will be using vehicle:

Occupation:

Name Driver #4: Marital Status: Single Married Divorced

Address:

City: State: Zip:

Date of Birth: Years Experience Driving: Sex: Male Female

Year received license:

License #: State: Percent this person will be using vehicle:

Occupation:

Section 4: GENERAL INFORMATION QUESTIONS

Any vehicles owned but not scheduled on this application? Yes No

Any drivers with moving traffic violations? Yes No

Section 6: SIGNATURE

Signature Date

SAVE APPLICATION



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:	Date:
--------------------	-------