



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: BACKGROUND INFORMATION

How did you hear about us?

1. Name insured: | DOB: | FEIN/SS#:

2. Address:

City: | State: | Zip:

Phone number: | Website:

E-mail Address:

3. Date Established:

4. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company?
[] Yes [] No

If Yes, please provide names(s) and relationship(s):

5. Does the Applicant have any Subsidiaries? [] Yes [] No

If Yes, please list on a separate sheet and advise if coverage is to apply to them.

6. Applicant is: [] Corporation [] Partnership [] Individual

Section 2: ORGANIZATION OPERATIONS DETAILS

7. Please describe in detail the professional services for which coverage is desired:

8. (a) List total gross receipts derived from activities in question #7: | Gross Receipts

Last Year: | \$

Forecast for Next Year: | \$

(b) Please indicate the percent of receipts listed in 8a from Foreign Operations (i.e. outside of the U.S. and its territories):

(c) Did the Applicant have a positive net income in the past 12 months? [] Yes [] No

If No, please advise net income and steps being taken to correct the negative net income.

(d) What is the Applicant's overall net equity? [] Positive [] Negative

If Negative, please advise net equity and steps being taken to correct the negative net equity.

9. (a) Describe the 5 largest jobs or projects during the past 3 years



Section 2: ORGANIZATION OPERATIONS DETAILS (Continued)

(b) Does the Applicant anticipate deriving more than 50% of total gross billings for the coming year from a single client? Yes No If yes, advise details on a seperate sheet.

10. Is the Applicant a licensed Professional(i.e. Lawyer, Accountant....)? Yes No

If Yes, advise type of licensed Professional:

11. (a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients:

(b) Number of non-professional employees (clerks, secretaries, etc.):

(c) Number of independent/sub contractors:

12. Please answer the following question(s) regarding the use of independent contractors.

(a) The total percent of Applicant's work done by independent contractors and subcontractors: %

(b) Does the Applicant desire to provide coverage for independent contractors (including them as named insured(s) on your policy), while working on your behalf? Yes No

(c) If Yes to 12b, please answer the following questions:

(1) How will the Applicant utilize each independent/subcontractor?

(2) Does the Applicant require Certificates of Professional Liability Insurance from all independent contractors? Yes No

13. Please provide the following:

Name of Partners, Principals, Key Employees and Independent/Subcontractors

Professional Qualifications/ Designations

of Years in Practice

14. Does any director, officer, employee, partner or independent/subcontractor of the Applicant serve as an officer or on the Board of Directors of any client or own any financial or equity interest in any client of the Applicant? Yes No If Yes, attach an explanation.

15. What do you see as your potential exposure to a professional liability claim?

16. Does the Applicant use a written contract or letter of engagement with clients?

In all cases Sometimes Never

17. Additional Insured(s) to be included for Errors and Omissions (list name, address and relationship to Applicant):



Section 2: ORGANIZATION OPERATIONS DETAILS (Continued)

18. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by any state insurance department? Yes No

Section 3: CLAIMS INFORMATION

Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the USLI companies.

19. Have you initiated litigation against any of your clients in the past 5 years? Yes No

(If Yes, advise how many times you have initiated litigation in the past 5 years along with details for each.)

20. During the past 5 years, has any claim been made or suit brought against the Insured, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors? Yes No

(If Yes, please provide details on a separate supplemental claim application.)

21. Is any owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors? Yes No

(If Yes, please provide details on a separate supplemental claim application.)

Section 4: PROFESSIONAL LIABILITY INSURANCE COVERAGE

22. Has any Policy of or Application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, independent contractors, or on behalf of any predecessor(s) in business ever been declined, cancelled or renewal refused? Yes No
Not applicable in Missouri.

If Yes, advise details:

23. Is similar professional liability insurance currently in force? Yes No

Table with 3 columns: Name of Carrier, Limit, Retroactive Date (if any); Deductible, Premium, Policy Period; Length of time coverage has continuously been in force:

Section 5: BUSINESS OWNERS PACKAGE INSURANCE

24. Does the Applicant currently have General Liability Insurance? Yes No

Table with 3 columns: If Yes, please advise the following; Name of Carrier; Limit, Premium, Expiration Date



Section 5: BUSINESS OWNERS PACKAGE INSURANCE (Continued)

25. Is the Applicant involved in the installation of hardware, electrical work, wiring and/or cable installation of the items for which they are providing consultation services (including work done by Independent Contractors on behalf of Applicant)? Yes No

If Yes, please provide percentage of receipts from these services.

26. Additional Insured(s) to be included for General Liability (list name, address and relationship to Applicant):

27. Has the Applicant had any General Liability claims paid, reserved or pending during the last 5 years? Yes No If Yes, please provide details.

28. (a) Personal Property Limit (at 80% Coinsurance/Replacement Cost):

(b) EDP Equipment Limit \$ (c) Burglar Alarm? Yes No

Functioning Fire/Smoke Detector? Yes No Aluminum Wiring? Yes No

29. Is the electrical system connected to circuit breakers? Yes No

30. Property Protection Class (1-10):

31. Building Construction (please check one):
 Frame - Bldg. is made from a wood frame (2x4's/veneers).
 Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.
 Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel.
 Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls.

32. Has the applicant had any property Claims Paid, Pending or reserved during last 5 years (by year)? Yes No If yes, please provide details.

Section 6: REQUIRED INFORMATION

A. USLI Application. B. Copy of resumes on technical and key personnel. (for select classes)
C. Supplemental Application (for select classes)

The states of Florida, Iowa and New York require that we have the name and address of your (insured's) authorized Agent or Broker: Cossio Insurance Agency PO Box 188 Simpsonville, SC 29681 License No.



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

CYBER LIABILITY

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

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 FLORIDIA: 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:

SAVE APPLICATION