



WORKERS COMPENSATION APPLICATION

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: BUSINESS INFORMATION

How did you hear about us?			
Company Name:		Start Date:	
State Tax ID number:		FEIN/SSN:	
Contact Name:		Birth Date:	
Home Phone:		Work Phone:	
Fax:	Email:		
Mailing Address:			
City:	State:	Zip:	
Premises Location:			
City:	State:	Zip:	
Nature of Business (detailed description of operations):			
Year business started:			
Prior Insurance Carrier:		Policy Number:	
Effective dates (M/Y):		Is company canceling coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain if yes:			
Total premium \$		Any claims in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee payroll figures	# Full Time	# Part Time	Annual Payroll Remuneration
Secretaries			
Retail Employees			

Section 2: OWNER INFORMATION

Name:	Date of Birth:
Title/Relationship:	Percentage Owned:
Remuneration: <input type="checkbox"/> Included <input type="checkbox"/> Excluded	
Do you own, operate or lease aircraft/watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do/have past, present, or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting hazardous material? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Section 2: OWNER INFORMATION (Continued)

Name:	Date of Birth:
Title/Relationship:	Percentage Owned:
Remuneration:	<input type="checkbox"/> Included <input type="checkbox"/> Excluded
Do you own, operate or lease aircraft/watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do/have past, present, or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting hazardous material? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3: GENERAL INFORMATION

Any work performed underground or above 15 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any work performed on barges, vessels, docks, bridge over water? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you engaged in any other type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sub-contractors used? (If yes, % of work subcontracted.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any work sublet without certificate of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a written safety program in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any group transportation provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any seasonal employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any employees under 16 or over 60 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any volunteer or donated labor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any employees with physical handicaps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees travel out of state? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are athletic teams sponsored? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are physicals required after offers of employment are made? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any prior coverage declined, cancelled, non-renewed (last 3 years)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are employee health plans provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a labor interchange with any other business/subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you lease employees to or from other employers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any tax lines or bankruptcy within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any undisputed and unpaid workers compensation premium due from you or any commonly managed or owned enterprises? <input type="checkbox"/> Yes <input type="checkbox"/> No	

We are going to need the following information to get your workers compensation quote.

Please explain all yes answers in the remarks section below the questions.
Do any employees predominantly work at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received any offers of voluntary coverage?
Indicate the number of Insurance companies that have refused the applicant coverage in the last 60 days
Has there been previous workers compensation insurance coverage in this state? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Section 3: GENERAL INFORMATION (Continued)

In any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which state?
If NO to the prior two questions, was this due to: <input type="checkbox"/> New Business <input type="checkbox"/> Number of Employees <input type="checkbox"/> Self-Insured Group <input type="checkbox"/> Self-Insured Independent	
Is there any unpaid workers compensation premium due or in dispute from you or any commonly managed or owned enterprises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, explain including entity names and policy numbers.	
Do you lease workers from a labor contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has there been a name change, consolidation, merger or ownership change during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give previous name and date change in REMARKS area below.	
Are you seeking to cover the leased workers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide temporary labor services to other employers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a franchise or licensing agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you or your employees regularly operate from a base terminal which is used to load, unload, store or transfer freight? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide a list of terminal addresses)	
Do any employees live outside the state of domicile or branch locations? <input type="checkbox"/> Yes <input type="checkbox"/> No List States:	
Are there any employees working from their home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are home-based employees work areas inspected to assure compliance with ergonomic standards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees perform errands for the employer in the employee's own car before or after work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees participate in employer- sponsored recreational activities (athletics, picnics, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any exposure to chemicals, x-ray or radiation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Material Safety Data Sheets required and kept on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is personal protective equipment (PPE) provided and inspected regularly to assure proper operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are employees trained in the use of PPE and required to use it at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are current Certificates of Insurance required of all IC's and SC's? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide a copy of sample contracts. Both contracts in which you AGREE to indemnify and hold harmless and those in which you TRANSFER risk to another party.	
Is the insured operating in any monopolistic states (ND, Ohio, Wash. or Wyo.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Section 3: GENERAL INFORMATION (Continued)

Do any employees have pre-existing medical conditions that could be compounded by a work related injury (only applicable in states with Second Injury Funds)? Yes No

Does the employer hire temporary labor in states where they are working on a temporary basis? Yes No

Does the employer have any plans to begin operations in states not listed as a 3.A. state? Yes No

Do employees ever travel outside the US on business? Yes No

Do any employees work on boats on or above navigable waters? Yes No

Are there any employees with maritime exposures? Yes No

Any employees working on military bases? Yes No

Are any employees leased from an employee leasing firm? Yes No

Any employees from a PEO (co-employment)? Yes No

Does the employer ever "borrow" a worker from another employer? Yes No

Are there any other businesses in which the entity or the entity's owners hold a majority interest? Yes No

Are payrolls kept seperated when employees are eligible for payroll splits under the interchange of labor rule? Yes No

Are there any employees exempt from workers' compensation coverage (i.e. casual labor, domestic servants, farm laborers, etc.)? Yes No

Any person knowingly and with intent to defraud any insurance company or other person, files an application for Insurance containing false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Signature

Date:

Section 4: REMARKS

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: