



Collector Car Insurance 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: Insured Information

How did you hear about us?

Contact Name:

Date of Birth:

FEIN/SS:

Mailing Address:

City:

State:

Zip:

Phone Number:

Email:

Current Insurance Carrier for Collector Vehicles:

In what state are you storing your collector vehicle?

Section 2: Driver Information

How many licensed drivers are in the household? 1 2 3 4 5 6 or more

How many cars are there in the household? (Please do **not** include the collector vehicles)

1 2 3 4 5 6 or more

How many people drive the collector vehicle(s)? 1 2 3 4 5 6 or more

How many operators of the collector vehicle(s) are under the age of 30?

1 2 3 4 5 6 or more If yes, age of youngest driver:

Has anyone in the household had any moving violations or suspension in the last 3 years?

Yes No

Has anyone in the household had any accidents or insurance claims in the last 3 years?

(Other than towing or roadside assistance) Yes No

How many minor violations were there in the household within the last 3 years? Examples: failure to yield, failure to obey traffic device, phone violation, speed of 19 over or less

1 2 3 4 5 or more

How many major violations were there in the household within the last 3 years?

Examples: reckless driving, any alcohol related offense, unsafe operation of a motor vehicle, speed of 20 over or more 1 2 3 4 5 or more

How many claims were comprehensive only claims? Examples: weather damage, theft, vandalism, glass claim, fire, hit a deer 1 2 3 4 5 or more



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Section 2: Driver Information (Continued)

How many claims were at-fault accidents? 1 2 3 4 5 or more

How many claims were not-at-fault accidents? 1 2 3 4 5 or more

Section 3: Collector Vehicle Information

Vehicle #1 Auto Truck/Jeep/SUV Motorcycle Scooter Tractor Military Fire Truck

Year: Make: Model: Submodel:

Body Style: Modification Type:

Vehicle Value: \$ Miles Driven Each Year:

Where is the vehicle stored? Private Garage/Barn/Pole Building Carport - Roof & 3 Sides
 Carport - Roof & less than 3 Sides Driveway Parking Garage - Private or Public
 Parking Lot Rental Storage Unit Other Enclosed Structure Other unsecured location

Is the vehicle currently under restoration? Yes No

Please Specify the Usage for this Vehicle (Check All that Apply) Show, Club or Parades
 Pleasure Use (Examples include: Cruises, fun stuff like a trip to the ice cream shop, occasional errands, or occasionally driving to work) Driven to work at least two times per month (20 or more times per year) Driven Daily (Primary, everyday transportation Business Use Towing, Utility or Off-road Other:

Vehicle #2 Auto Truck/Jeep/SUV Motorcycle Scooter Tractor Military Fire Truck

Year: Make: Model: Submodel:

Body Style: Modification Type:

Vehicle Value: \$ Miles Driven Each Year:

Where is the vehicle stored? Private Garage/Barn/Pole Building Carport - Roof & 3 Sides
 Carport - Roof & less than 3 Sides Driveway Parking Garage - Private or Public
 Parking Lot Rental Storage Unit Other Enclosed Structure Other unsecured location

Is the vehicle currently under restoration? Yes No

Please Specify the Usage for this Vehicle (Check All that Apply) Show, Club or Parades
 Pleasure Use (Examples include: Cruises, fun stuff like a trip to the ice cream shop, occasional errands, or occasionally driving to work) Driven to work at least two times per month (20 or more times per year) Driven Daily (Primary, everyday transportation Business Use Towing, Utility or Off-road Other:



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Section 3: Collector Vehicle Information (continued)

Vehicle #3 <input type="checkbox"/> Auto <input type="checkbox"/> Truck/Jeep/SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Scooter <input type="checkbox"/> Tractor <input type="checkbox"/> Military <input type="checkbox"/> Fire Truck			
Year:	Make:	Model:	Submodel:
Body Style:		Modification Type:	
Vehicle Value: \$		Miles Driven Each Year:	
Where is the vehicle stored? <input type="checkbox"/> Private Garage/Barn/Pole Building <input type="checkbox"/> Carport - Roof & 3 Sides <input type="checkbox"/> Carport - Roof & less than 3 Sides <input type="checkbox"/> Driveway <input type="checkbox"/> Parking Garage - Private or Public <input type="checkbox"/> Parking Lot <input type="checkbox"/> Rental Storage Unit <input type="checkbox"/> Other Enclosed Structure <input type="checkbox"/> Other unsecured location			
Is the vehicle currently under restoration? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please Specify the Usage for this Vehicle (Check All that Apply) <input type="checkbox"/> Show, Club or Parades <input type="checkbox"/> Pleasure Use (Examples include: Cruises, fun stuff like a trip to the ice cream shop, occasional errands, or occasionally driving to work) <input type="checkbox"/> Driven to work at least two times per month (20 or more times per year) <input type="checkbox"/> Driven Daily (Primary, everyday transportation <input type="checkbox"/> Business Use <input type="checkbox"/> Towing, Utility or Off-road <input type="checkbox"/> Other:			

Vehicle #4 <input type="checkbox"/> Auto <input type="checkbox"/> Truck/Jeep/SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Scooter <input type="checkbox"/> Tractor <input type="checkbox"/> Military <input type="checkbox"/> Fire Truck			
Year:	Make:	Model:	Submodel:
Body Style:		Modification Type:	
Vehicle Value: \$		Miles Driven Each Year:	
Where is the vehicle stored? <input type="checkbox"/> Private Garage/Barn/Pole Building <input type="checkbox"/> Carport - Roof & 3 Sides <input type="checkbox"/> Carport - Roof & less than 3 Sides <input type="checkbox"/> Driveway <input type="checkbox"/> Parking Garage - Private or Public <input type="checkbox"/> Parking Lot <input type="checkbox"/> Rental Storage Unit <input type="checkbox"/> Other Enclosed Structure <input type="checkbox"/> Other unsecured location			
Is the vehicle currently under restoration? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please Specify the Usage for this Vehicle (Check All that Apply) <input type="checkbox"/> Show, Club or Parades <input type="checkbox"/> Pleasure Use (Examples include: Cruises, fun stuff like a trip to the ice cream shop, occasional errands, or occasionally driving to work) <input type="checkbox"/> Driven to work at least two times per month (20 or more times per year) <input type="checkbox"/> Driven Daily (Primary, everyday transportation <input type="checkbox"/> Business Use <input type="checkbox"/> Towing, Utility or Off-road <input type="checkbox"/> Other:			



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Section 4: Coverage Options

Other than Collision: \$0 Deductible \$1,000 Deductible \$1,500 Deductible
 \$2,500 Deductible \$5,000 Deductible

Collision: \$0 Deductible \$1,000 Deductible \$1,500 Deductible
 \$2,500 Deductible \$5,000 Deductible

Liability:

Liability - PD:

Medical Payments:

Uninsured Motorist:

Underinsured Motorist:



Section 5: Cyber Liability

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

Section 6: 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.

Section 7: 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 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: