



HOMEOWNERS 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: Applicant Information

How did you hear about us?

Applicant's Name (First, Middle, Last):

Applicant's Mailing Address:

Date of Birth:

Marital Status / Civil Union:

Primary Email:

Primary Phone #:

Secondary Phone #:

Previous Address:

Years at previous address (if less than three years):

Section 1b: Co-Applicant Information

Co-Applicant's Name (First, Middle, Last):

Date of Birth:

Social Security Number:

Marital Status / Civil Union:

Primary Email:

Primary Phone #:

Secondary Phone #:

Section 2: Coverages / Limits of Liability

Dwelling Limit: \$

Other Structures Limit: \$

Personal Property Limit: \$

Personal Liability EA OCC Limit: \$

Medical Payments EA PER Limit: \$

Section 3: Rating / Underwriting

Construction Type: Masonry Veneer Frame Masonry

Siding: Aluminum Siding Stucco Vinyl Siding/Plastic Cedar, Wood, Shingle EIFSCB (on cinder block) EIFSS (on studs)

Occupancy: Owner Tenant Unoccupied Vacant

Residence Type: Dwelling Apartment Condominium Townhouse Rowhouse Co-op

Housekeeping Condition: Excellent Good Average Below Average



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Section 3: Rating / Underwriting (Continued)

Plumbing Condition: Excellent Good Average Below Average

Roof Condition: Excellent Good Average Below Average

Roof Material:

Primary Heat:

Smoke Detector Type: Central Direct Local

Burglar Alarm: Central Direct Local

Temp: Central Direct Local

Distance to Fire Hydrant:

Distance to Fire Station:

Wiring: Copper Aluminum Knob & Tube

Last inspected Date:

Electrical Systems: Circuit Breakers Fuses

Number of Amps:

Year Built:

Rooms:

Families:

Market Value: \$

Replacement Cost: \$

Total Living Area:

sq ft

Basement Area:

sq ft

Garage Area:

sq ft

Swimming Pool: None Above Ground In Ground Approved Fence
 Diving Board Slide

Dwelling Location: In City Limits In Fire District In Prot Suburb

Renovations

Part

Comp

Year

Wiring

Plumbing

Heating

Roofing

Exterior Paint

LOCATION SCHEDULE

Loc#

Street

City

County

State

Zip

Loc#	Street	City	County	State	Zip



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Section 3: Rating / Underwriting (Continued)

Prior Coverage No Prior Coverage

Prior Carrier	Prior Policy Number	Expiration Date

Loss History: Any losses, whether on not paid by insurance at this or any location? Yes No

If yes, indicate below

Loss Date	Loss Type	Description of Loss	Cat#	Amount Paid	Entered by (A)gent (C)ompany	In dispute (Y/N)

Section 4: General Information

Explain all "Yes" Responses

1. Any other insurance with this company? (List policy numbers)

Line of Business:

Policy Number:

Line of Business:

Policy Number:

2. Has any coverage been declined, canceled or non-renewed during the last three (3) years?

Yes No

3. Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the past (5) five years? Yes No

4. Has applicant had a judgment or lien during the past five (5) years? Yes No

5. Any other residence, not listed on an application, owned, occupied or rented? Yes No

6. Has insurance been transferred within agency? Yes No



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Section 4: General Information (Continued)

7. Does applicant own any recreational vehicles (Snow Mobiles, Dune Buggies, Mini Bikes, ATVs etc.) Not scheduled on this policy? Yes No

8. During the last five (5) years [Ten (10) years in Rhode Island] has any applicant been indicted or convicted of any degree of crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property? Yes No *(In RI, failure to disclose the existence of an arson conviction is punishable by a sentence of up to one (1) year of imprisonment.)*

Section 5: General Information - Residential

1. Any business conducted on premises? Yes No
 Farming Home Office / Business Telecommuter Day Care # of Children:

2. Any residence employees? Yes No # Full Time: Description:
Part Time: Description:

3. Any flooding, brush, forest fire or landslide hazard? Yes No

4. Are there any exotic pets kept on premises? Yes No

Animal Type:	Breed:	Bite History? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Animal Type:	Breed:	Bite History? <input type="checkbox"/> Yes <input type="checkbox"/> No-
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5. Is property situated on more than one acre? Yes No
of Acres: Land used for:

6. Any uncorrected fire or building code violations? Yes No

7. Is the dwelling / home for sale? Yes No (no explanation required)

8. Is the property within 300 feet of a commercial or non-residential property? Yes No
(If "YES", describe in detail)

9. Is there a trampoline on the premises? Yes No If yes, is there a safety net? Yes No

10. Was the original structure originally built for other than an private residence and then converted?
 Yes No Original Occupancy:

11. Any lead paint? Yes No

12. If a fuel tank is on premises, has other insurance been obtained for the tank? Yes No
(If "Yes", provide the name of the insurance company, the applicable limit and the cleanup sub limit)

Insurance Company:	Limit:	Cleanup/Sub limit:
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13. Is the residence in a gated community? Yes No Name of Community:



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: