

## Wedding & Reception Insurance

You've fallen in love, and now you want to celebrate that love with your friends and family. You want to be unique and commemorate your wedding with an incredible party for your friends and family, who love and support you and your partner. What happens when someone gets hurt, and your wedding celebration turns into a financial and emotional strain on your guests? It may seem unnecessary now, but insuring your wedding can help guarantee that your special day will leave you with pleasant, loving memories of your wedding.

Your wedding can be the happiest day of your life. Months of planning mean that you should enjoy the wedding of your dreams. You may have made all the arrangements for your forthcoming wedding, or you could still be in the planning stages for the big day. Whatever your circumstances, Cossio Insurance Agency can help you protect your family and friends during your celebration. Hopefully your wedding day will take place with no setbacks, but unfortunately, accidents do happen

Whether you are looking for one-day liability coverage or a three-day package, Cossio Insurance Agency offers quality insurance with the lowest possible premium cost to you. Our firm understands the financial demands that a wedding places on a bride and groom, and their families. We want to make sure the financial stresses are over with the wedding. Protect your loved ones from the emotional and financial burden that one can incur as the result of a loss or injury. Cossio Insurance Agency offers specialized insurance for your wedding, from the number of guests you plan to have at your wedding, to the day-after brunch, our unique program is affordable and unmatched in the insurance industry.

## Who is Covered

This program provides protection for the Policyholder against claims of bodily injury liability, property damage liability, personal and advertising injury liability and the litigation costs to defend against such claims. Coverage is provided up to \$1,000,000 per occurrence. There is no deductible amount. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group.

## Coverage Includes Suits Arising Out Of

- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Incidental medical malpractice
- All activities necessary to conduct wedding or wedding related events
- Ownership, use or maintenance of facilities
- General negligence claims
- Cost of investigation and defense of claims, even if groundless
- Corporal punishment

## Exclusions

Claims made by athletic participants, abuse or molestation, aircraft, all acts of terrorism, asbestos liability, assault and battery, collapse of temporary structure, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, professional liability, pyrotechnics activity, total pollution, war liability and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy.

Note: There is no liability coverage for claims arising out of any of the following activities: All motor sports, ballooning, bungee jumping, cheerleading pyramids, gymnastics, inflatables, luge, mountain climbing, parachuting, polo, rock climbing, rodeo or any equestrian related sports, sale/manufacture or distribution of any athletic equipment, skin diving, SCUBA diving, snow skiing, squash, tobogganing, use of saunas or other tanning devices, use of trampolines, water slides, white water rafting or any saddle animal exposures.

## Program Highlights

- **Admitted Basis**
- **Occurrence Form Policy**
- **"A" Rated Insurance Company**
- **Host Liquor Liability**



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 2: GENERAL INFORMATION**

How did you hear about us?		
Name of Applicant:		Date of Birth:
Phone:	Fax:	Email:
Address of Applicant:		
City:	State:	Zip:
Dates of Event:		Time(s)
Location of Event:		
City:	State:	Zip:
Name of Facility		
Does the facility carry liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Limits:
Description of Event		
Estimated Attendance		

**Section 3: ADDITIONAL INSURED**

Name, Address and Relationship of all additional insured to be added to the policy:	
Name	Relationship
Address	
Name	Relationship
Address	

**Section 4: SIGNATURES**

This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information on an application for insurance may be guilty of a crime, and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by Cossio Insurance Agency.

Authorized Signature	Date:
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Coverage is offered on an admitted basis in all states excluding AL, AK, CT, IN, KS, LA, ME, MA, MS, MT, NH, NJ, NY, NV, OH, OK, RI, VT, WV. Coverage is offered on a non-admitted basis with stand alone legal liquor liability through Sports and Recreation Providers Association Purchasing group in the states of AK, AL, CT, IN, KS, LA, ME, MA, MS, MT, NH, NJ, NY, NV, OH, OK, VT, WV. Liquor coverage not available in AL or VT. This Program is not available in the State of RI.

**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:
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**SAVE APPLICATION**