



# RPG INLAND MARINE QUOTE REQUEST FORM FOR FACILITIES

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Desired effective date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING

Named insured (as it appears on your certificate of insurance): \_\_\_\_\_

Policy number (as it appears on your certificate of insurance): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### Inland Marine - Equipment & Contents:

#### Step 1: Check one

- Increasing current replacement cost value
- New coverage, I would like to add this coverage

#### Step 2: Fill in the values to determine your total replacement cost amount for ALL locations

<u>Please individually list any items with values over \$5,000</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
<b>Provide values for categories below</b> (DO NOT include those values already shown above)	
<b>Supplies &amp; Inventory</b> (such as office supplies and items held for sale)	\$ _____
<b>Equipment &amp; Contents</b> (such as athletic equipment, electronics, furniture, phone/fax system, office contents, etc.)	\$ _____
<b>Improvements &amp; Betterments</b> (items you have installed or altered at your expense that become a part of the studio, such as flooring, mirrors, ceiling tile, window treatments, lighting and shelving, etc.)	\$ _____
<b>Signs</b> (such as indoor or outdoor)	\$ _____
<b>Misc. Equipment</b> (please describe) _____	\$ _____
<b>Total</b>	\$ _____
<b>TOTAL REPLACEMENT COST VALUE</b> (add all lines above)	\$ _____

#### Step 3: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)  
\_\_\_\_\_
2. Do you have a security system in place:  Yes  No  
a. If yes, please describe: \_\_\_\_\_
3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment?  Yes  No  
a. If yes, please describe: \_\_\_\_\_
4. Please attach a complete inventory list with values of each item

**Loss Payee Request:**

RE (please identify equipment): \_\_\_\_\_ Value of equipment: \_\_\_\_\_  
Entity name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to you (please explain/identify): \_\_\_\_\_

**Notes:**

- You must insure the **full** replacement cost of all of your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass to avoid a co-insurance penalty at the time of loss
- Inland Marine is not available on a stand-alone basis and is subject to a \$100 minimum premium
- The expiration date of your coverage will be concurrent with the expiration date of your current liability policy with us
- Upon receipt of this request form we will provide you with a quotation for coverage within 10 business days. Coverage can only be bound and effective upon receipt of a signed and dated quote/bind order with payment

**Send quote request to:** K&K Insurance Group, Inc.  
Attn: RPG Programs  
P.O. Box 2338  
Fort Wayne, IN 46801-2338  
Fax 1-260-459-5940  
Email: KK\_massmerchandising@kandkinsurance.com