RPG INLAND MARINE QUOTE REQUEST FORM FOR EVENT PLANNERS

Insuring the world's fun!

Today's date: _____ / _____ / _____ Desired effective date: _____ / _____ / _____

PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING

Named insured (as it appears on your Member Certificate):_____

Policy number (as it appears on your Member Certificate): _____

Name of individual submitting request: _____

Title/Relationship: _____

Phone: (_____)_____Cell: (_____) _____

E-mail: _____

Inland Marine - Equipment and Contents:

Step 1: Check one

❍ Increasing current replacement cost value

❍ New coverage, I would like to add this coverage

Fill in values to determine your total replacement cost amount for ALL locations.

Step 2: Please individually list any items with values over $5,000: **Value**

_____ $_____

_____ $_____

_____ $_____

Provide values for categories below (DO NOT include values already shown above):

Supplies & Inventory (office supplies, items held for sale) $_____

Equipments & Furnishings (tables, chairs, table coverings, event supplies, electronics, phone/fax systems, office contents, etc.) $_____

Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tiles, window treatments, lighting, shelving, etc.) $_____

A receipt of purchase is required at the time of loss to show verification of purchase.

Signs (indoor or outdoor) $_____

Misc. Equipment - please describe: _____ $_____

_____

TOTAL REPLACEMENT VALUE - 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. Are any other operations, besides your own, conducted in the same facility in which you store your equipment, or is any equipment of others stored there? ❍ Yes ❍ No

   a. If yes, please describe:_____

4. Please attach a complete inventory list with values of each item.

Loss Payee Request:

❍ **Loss Payee Request OR** ❍ **Lender's Loss Payee**

RE (please identify equipment): _____

Entity name: _____

Mailing address: _____

City: _____ State:_____ Zip:_____

Relationship to you (please explain/identify): _____

Notes:

- You must insure the **full** replacement cost of all supplies and equipment to avoid a coinsurance penalty at the time of loss.
- Inland Marine coverage is not available on a stand-alone basis, may not be available in all states, and is subject to a $100 minimum premium.
- The expiration date of this coverage will be concurrent with the expiration date of your current K&K liability policy.
- Upon receipt of this request form, we will provide a quotation for coverage.
- Coverage can only be bound and become effective upon receipt of a signed and dated quote/bind order with payment.

Send quote request to:

K&K Insurance Group, Inc.
Attn: Event Planner RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338

Phone 1-877-648-6404
Fax 1-260-459-5502

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-877-648-6404 • Fax 1-260-459-5502
Website www.kandkinsurance.com