RPG INLAND MARINE QUOTE REQUEST FORM FOR FACILITIES

K&K INSURANCE
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: (_____) _____

Email:_____

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.

Please individually list any items with values over $5,000:	**Value**
_____	$_____
_____	$_____
Provide values for the categories below (DO NOT include values already shown above.):	
Supplies & Inventory (office supplies and items held for sale)	$_____
Equipment & Furnishings (equipment, electronics, furniture, phone/fax systems, office contents, etc.)	$_____
Improvements & Betterments (items you have installed or altered at your expense that become a part of the studio, such as flooring, mirrors, ceiling tiles, window treatments, lighting and shelving, etc.) A receipt of purchase is required at the time of loss to show verification of purchase.	$_____
Signs (such as indoor or outdoor)	$_____
Misc. Equipment - (please describe):_____ _____	
Leased personal property, HVAC, or building glass (where you are a tenant and have contractual responsibility)	$_____
TOTAL REPLACEMENT COST VALUE - Add all lines above:	**$**_____

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 ❍ Lender's 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 to avoid a co-insurance 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 liability policy with us.
- 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: Facility RPG Programs
P.O. Box 2338
Fort Wayne, IN 46801-2338
Fax 1-260-459-5940
Email: KK_massmerchandising@kandkinsurance.com

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