



RPG INLAND MARINE QUOTE REQUEST FORM FOR VENDORS

Today's date: ____ / ____ / ____

Desired effective date: ____ / ____ / ____

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 and Contents:

Step 1: Check one

- ☐ Increasing current replacement cost value
- ☐ New coverage, I would like to add this coverage
- ☐ I need 6 months coverage
- ☐ I need annual coverage

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

Value

_____	\$ _____
_____	\$ _____
_____	\$ _____

Provide values for categories below:

(DO NOT include those values already shown above.)

Vendor inventory (e.g.: items held for sale) \$ _____

Supply inventory (e.g.: equipment, giveaways, paper goods) \$ _____

Trailer equipment, excluding products (e.g.: detachable trailers, signs, concession equipment, refrigerators, cooking equipment, supplies) \$ _____

Portable storage units (not permanent structures) \$ _____

Misc. equipment - please describe: _____ \$ _____

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 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 request

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 of your 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.
- Coverage cannot be extended to cover fine jewelry and fine arts, permanent structures, concession stands, or storage units that are not portable.
- 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.
- 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: CEV RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338

Phone 1-800-328-2317
Fax 1-260-459-5502

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-328-2317 • Fax 1-260-459-5502

Website www.kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819) K&K is acting as a Managing General Agent as that term is defined in section 626.015(14) of the Florida Insurance Code. As an MGA we are acting on behalf of our carrier partner.

FRAUD WARNING

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 civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA

For your protection, California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

MARKEL FRAUD APPS (2024/01)