

RPG INLAND MARINE QUOTE REQUEST FORM FOR AMATEUR SPORTS

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: _____

Cell: (_____) _____ Phone: (_____) _____

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

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.)

Sports Equipment (e.g.: balls, uniforms, pads, helmets, netting) \$ _____

Field Maintenance Equipment (e.g.: lawnmowers, grooming equipment) \$ _____

Concession Stand Equipment, excluding products (e.g.: popcorn, hot dogs, and soda machines) \$ _____

Appurtenant structures - Under 500 sq ft and 20 ft in height (e.g.: concession stands, dugouts, scoreboards, bathrooms) \$ _____

-please describe: _____

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:**

- Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse):

- Do you have a security system in place? ☐ Yes ☐ No
a. If yes, please describe: _____
- Are any other operations, besides your own, conducted in the same facility ☐ Yes ☐ No
in which you store equipment, or is any equipment of others stored there?
a. If yes, please describe: _____
- 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.
- 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 become effective upon receipt of a signed and dated quote/bind order with payment.

Send quote request to:

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

E-mail info@sportsinsurance-kk.com
Fax 1-260-459-5105

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-426-2889 • Fax 1-260-459-5105
Website www.kandkinsurance.com

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