



Attn: CEV RPG Programs  
 P.O. Box 2338  
 Fort Wayne, IN 46801-2338  
 Phone: 1-800-328-2317  
 Fax: 1-260-459-5502  
 www.kandkinsurance.com  
 CA # 0334819, FL # L007299, TX # 13924

# RPG INLAND MARINE QUOTE REQUEST FORM FOR VENDORS

Today's 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 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)

<u>Vendor inventory</u> (such as items held for sale)	\$ _____
<u>Supply inventory</u> (such as equipment, giveaways, paper goods)	\$ _____
<u>Trailer equipment, excluding products</u> (such as detachable trailers, signs, concession equipment, refrigerators, cooking equipment, supplies)	\$ _____
<u>Portable storage units</u> (not permanent structures)	\$ _____
<u>Misc. equipment</u> - please describe: _____	\$ _____

**TOTAL REPLACEMENT COST VALUE** \$ \_\_\_\_\_

**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:**

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 of your supplies and equipment to avoid a co-insurance penalty at the time of loss
- Inland Marine 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, non-structural glass or 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 K&K liability policy
- 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: CEV RPG Program  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

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