



Attn: Activity & Social Clubs
 P.O. Box 2338
 Fort Wayne, IN 46801-2338
 Phone: 877-648-6404
 Fax: 1-260-459-5502
 www.kandkinsurance.com
 CA # 0334819, TX # 13924, FL # L007299

RPG INLAND MARINE QUOTE REQUEST FORM FOR ACTIVITY AND SOCIAL CLUBS

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

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>Club equipment/supplies</u> (such as activity material and/or equipment)	\$ _____
<u>Portable 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 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 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 non-structural glass or permanent structures
- 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: Social Clubs RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338

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