



Attn: Amateur Sports RPG Programs
 P.O. Box 2338
 Fort Wayne, IN 46801-2338
 Phone: 1-800-426-2889
 Fax: 1-260-459-5105
 www.kandkinsurance.com
 CA # 0334819, TX # 13924, FL license # L007299

RPG INLAND MARINE QUOTE REQUEST FORM FOR AMATEUR SPORTS

Today's 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): _____

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

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

All other items not including those listed above (total value per category)

Sports Equipment (such as balls, uniforms, pads, helmets, netting, etc.) \$ _____

Field Maintenance Equipment (such as lawnmowers, grooming equipment, etc.) \$ _____

Concession Stand Equipment, excluding products (such as popcorn, hot dogs and soda machines) \$ _____

Portable Storage Units (not permanent structures) \$ _____

Misc. Equipment (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, and is subject to a \$100 minimum premium
- Coverage cannot be extended to cover permanent structures such as concession stands, bathrooms, storage units, or press boxes
- 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.
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P.O. Box 2338
Fort Wayne, IN 46801-2338

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