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 www.kandkinsurance.com  
 CA# 0334819

# PROPERTY CHECKLIST

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### PROPERTY THAT STAYS ON PREMISES

Location #1/Address: \_\_\_\_\_

Building Construction: \_\_\_\_\_

Year Built: \_\_\_\_\_

Location #2/Address: \_\_\_\_\_

Building Construction: \_\_\_\_\_

Year Built: \_\_\_\_\_

ITEM	LOCATION # 1 AMOUNT	LOCATION # 2 AMOUNT
Contents - Office Equipment and Supplies Value (excluding phone systems)	\$	\$
Phone System Value	\$	\$
Concession Equipment	\$	\$
Souvenirs/Novelty Items/Food Stock etc. Are food items subject to spoilage? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No What is the percent of value subject to food spoilage? _____ %	\$	\$
Is this amount subject to a seasonal increase? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, additional amount _____		
Peak season inventory (April 1st - September 15)		
Insured's improvement interest in building	\$	\$
Replacement cost for owned buildings	\$	\$
Are bleachers owned? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Value of scoreboards/billboards or outdoor signs except computerized scoreboards -	\$	\$
Value of outdoor lighting including poles/fixtures and underground/overhead electric lines -	\$	\$
Fences	\$	\$
Ticket Booths	\$	\$
Field Equipment - incl. tarps, maintenance, mowers etc.	\$	\$
Weight Room Equipment	\$	\$
Security (guards, locks, alarms, secured areas)	Describe:	Describe:

Extra Expense	\$	\$
Business income	\$	\$
Deductibles (\$500 standard)	\$	\$
Flood	\$	\$
Earthquake	\$	\$

**MOBILE PROPERTY COVERAGE**

ITEM	LOCATION # 1 AMOUNT	LOCATION # 2 AMOUNT
Sports Equipment including uniforms or any other ball team equipment (bats, balls etc.)	\$	\$
Portable Fixtures/Office Trailers	\$	\$
Mobile Communication/Mobile Equipment, Portable Telephones or Radio Equipment and First Aid Equipment	\$	\$
Any other equipment or property on exhibition - Please describe how it's used on or away from premises	\$	\$
Description:		

**COMPUTERS/COMPUTERIZED SCOREBOARDS**

ITEM	LOCATION # 1 AMOUNT	LOCATION # 2 AMOUNT
Computers	\$	\$
Computerized Scoreboard		
Hardware Limit	\$	\$
Software Limit	\$	\$
Laptops	\$	\$

1. How often is data backed up? \_\_\_\_\_
2. Is data/media stored off-site? .....  Yes  No
3. Is there a maintenance contract in force? .....  Yes  No
4. Is there power surge protection for all equipment? .....  Yes  No
5. Is an uninterrupted power source device used? .....  Yes  No
6. Is the equipment located above ground? .....  Yes  No

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)