



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: _____

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, 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.
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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