



RPG INLAND MARINE QUOTE REQUEST FORM FOR FACILITIES

Today's date: ____ / ____ / ____ Desired effective 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 & Contents:

Step 1: Check one

- Increasing current replacement cost value
- New coverage, I would like to add this coverage

Step 2: Fill in the values to determine your total replacement cost amount for ALL locations

<u>Please individually list any items with values over \$5,000</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
Provide values for categories below (DO NOT include those values already shown above)	
Supplies & Inventory (such as office supplies and items held for sale)	\$ _____
Equipment & Contents (such as athletic equipment, electronics, furniture, phone/fax system, office contents, etc.)	\$ _____
Improvements & Betterments (items you have installed or altered at your expense that become a part of the studio, such as flooring, mirrors, ceiling tile, window treatments, lighting and shelving, etc.)	\$ _____
Signs (such as indoor or outdoor)	\$ _____
Misc. Equipment (please describe) _____	\$ _____
_____	\$ _____
Total	\$ _____
TOTAL REPLACEMENT COST VALUE (add all lines above)	\$ _____

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

**Sadler & Company Inc. PO Box 5866, Columbia, SC 29250 Agent: John Sadler
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Sadler & Company of SC, Inc. - AR (License #254179)/dba/aka Sadler Insurance Agency - CA (License #0B57651)/Sadler & Company, Inc. - FL (License #L006784)/dba & S&C Agency, Inc. - KY (License #624039)/Sadler and Company, Inc. - MN (License #20499566)/Sadler Agency - NY (License #PC - 532473 and LB-532473) / Sadler & Co Inc. - OK (License #100103956)/ Sadler & Company, Inc. - TX (License # 19495) / Sadler & Company Insurance Agency, Inc. - UT (License #105192)/ Sadler and Company - VT (License # 577)

Loss Payee Request:

Loss Payee Request Lender's Loss Payee Request

RE (please identify equipment): _____ Value of equipment: _____

Entity name: _____

Mailing address: _____

City: _____ State _____ Zip: _____

Relationship to you (please explain/identify): _____

Notes:

- You must insure the full replacement cost of all your supplies, equipment, furnishings, improvements and betterments, signs and leased personal property, HVAC, or building glass where you are a tenant and have a contractual responsibility to insure 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
- The expiration date of your coverage will be concurrent with the expiration date of your current liability policy with us
- 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: Sadler & Company Inc.
Attn: Facility RPG Programs PO Box 5866
Columbia, SC 29250
FAX: 803-256-4017
Email: sport3@sadlersports.com