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Equipment Insurance Enrollment Form - Short Term

Policyholder Name:		
Contact Name:		
Mailing Address (in the United S	States) (International Exhibitors use	e the Venue address)
City:	State:	Zip Code:
E-mail:	Confirm E-Mai	l:
Phone Number:		
Are you aware of any known or process No	potential equipment losses or clair	ms as of today:
Please describe all the owner	ed equipment/inventory you wi	ish to insure:

Effective Date (Start Date) of Policy: mm/d	d/yyyy:
Expiration Date (End Date) of Policy: mm/d	dd/yyyy:

Please Select and Complete Only One Option Below:

OPTION #1: Coverage for 1 to 15 Days Deductible per claim: \$250

Please select one of the following Limits and Price:

<u>Limit</u>	<u>Price</u>
\$3,000	\$115
\$5,000	<u>\$165</u>
\$10,000	\$275
\$25,000	\$625
\$50,000	\$1,175

Price Subtotal (From Above Choice) \$

Please select one of the following Limits and Price:

<u>Limit</u>	<u>Price</u>
\$3,000	\$148
\$5,000	\$225
\$10,000	<u>\$395</u>
\$25,000	\$ <u>925</u>
\$50,000	\$1,775

Price Subtotal (From Above Choice) \$

Surcharges and Optional Coverage:

Do you want to cover any	Rented or Borrowed	Equipment in	addition to	your (Owned
Equipment?					

Yes No

If NO, please skip to the next question.

If YES, please include the below calculation to your Price from the previous page

Enter Replacement Cost of Enter **Sum** Rented Equipment Below: Below:

x 0.0008 = \$

Multiply the **Sum** above by the total number of days needing coverage from the OPTION you chose on the previous page.

This is your **Rented Equipment Premium**. Please enter this number below:

Rented Equipment Price Subtotal from

Premium: Previous Page: New Price Subtotal:

Enter Below + Enter Below = \$ Enter Below:

Will any of your equipment/inventory include Clothing, Computers and Electronics, Comic Books, Video Games, Watches, Fine Arts, Wine or Craft Beer, Liquor?

Yes No

If NO, please skip to the next question

If YES, please include the surcharge calculation below (15%)

New Price Subtotal:

Enter the **Price Subtotal Below**: x \$1.15 = \$ Enter Below

The Policy Excludes coverage for t this coverage back for 10% addition		· •
Yes No		
If NO, please skip to the Final Price S If YES, please include the surcharge		Now Final Price
Enter the Price Subtotal Below:	x \$1.10 = \$	New Final Price Enter Below:
Final I	Premium and Payme	nt
FINAL PRICE (including all	optional coverages an	d surcharges:
I understand that the following is ea	excluded and not covered on t	the policy:
Jewelry, Coins, Stamps, Sports and Managery, Coins, Sports and Sports a	ine, craft beer or liquor), Guns a ers, Pharmaceuticals, Vitamins a	and Ammo, Fireworks, and and Supplements,
I Acknowledge these Exclusions	s	
Initials		
By signing this application, I under knowledge. I also understand that a coverage being voided.	•	
Applicant Name:		
Date: (mm/dd/yyyy)		

CREDIT CARD PAYMENT AUTHORIZATION FORM

Note: Due to the carrier needing to receive full payment, a 3% credit card processing fee will be added to your charge

Enter Your Name Below:		Date (mm/dd/yyyy:
Yes		
I Authorize Rainprotection Insurance	to Charge this Cred	dit Card
Name on Card:		
Billing Zip Code:		
D.W. 7' 0 1		
City & State:		
Billing Address:		
Expiration Date (mm/dd/yyyy)		
Card CV2 # (Code)		
Credit Card #		
Credit Card type (MC/Visa/Amex/Disc)		
Amount to be charged:	\$	

Please email this completed Form to: sales@rainprotection.net