



RPG INLAND MARINE QUOTE REQUEST FORM FOR FACILITIES

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

PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING

Named insured: _____
 Policy number: _____ Club number (if applicable): _____
 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>
_____	\$ _____
_____	\$ _____
<u>Provide values for categories below</u> (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

Ascension Benefits & Insurance Solutions • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991
E-mail = programs@ascensionins.com • Fax 1-913-327-0201 • www.ascensionins.com/programs

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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 of your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass 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
- 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:

- E-mail programs@ascensionins.com
- Fax 1-913-327-0201
- Mail Ascension Benefits & Insurance Solutions
 P.O. Box 25936
 Overland Park, KS 66225

PAYMENT INFORMATION	100% of the premium is due upon receipt of this supplemental.
	<input type="radio"/> Check: Please make check payable to Ascension Benefits & Insurance Solutions. Enclosed is check # _____ for \$ _____
	<input type="radio"/> Credit Card: If you are making your payment by credit/debit card, please complete the following: <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMERICAN EXPRESS
	Card number: _____
	CSC # (card security) code: _____ Expiration date: _____
	I authorize Ascension Benefits & Insurance Solutions to charge my payment to my credit card in the amount of \$ _____
	Print name (as on card): _____ Cardholder signature: _____