



Equipment Floater Application

INDEX

| | |
|-----------------------------|---|
| Broker Information | |
| Client Information | |
| General Questions..... | 2 |
| Annual Coverage..... | 3 |
| Locked Vehicle Warranty | |
| Disclaimer & Signature..... | 4 |
| Additional Space..... | 5 |
| Office Information..... | 6 |

Broker Information

(If Not Applicable, Skip This Section)

Name of Agency / Brokerage: _____

Name of Contact / Agent: _____

Mailing Address of Agency / Brokerage: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contact Information

(Please Fill-in All Applicable Fields)

Organization/Association Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Individual Responsible For Insurance: _____

Please describe your business operation: _____

Have you ever had an equipment claim in the last 5 years? Yes _____ No _____

If yes, please describe all claims in detail (including date, payout & loss details):

Claim #1: _____

Claim #2: _____

Claim #3: _____

Where do you store your equipment the majority of the time?

Does this location have an alarm system connected to an outside monitoring company? Yes _____ No _____

Do you travel with your equipment outside the United States more than 5 times a year?
- Coverage does not include travel to countries with US Sanctions - Yes _____ No _____

Do you travel with your equipment to Mexico? Yes _____ No _____

Does any of your equipment go underwater? Yes _____ No _____

If yes, is it in a waterproof or protective case? Yes _____ No _____



Annual Coverage

All Eligible Coverages and Options Available (No Automobiles)

Please select at least one option below:

- | | |
|---|---|
| <input type="checkbox"/> Owned Production Equipment | <input type="checkbox"/> Owned Sports, Leisure & Recreational Equipment |
| <input type="checkbox"/> Business Personal Property | <input type="checkbox"/> Owned Musical Instruments & Sound Equipment |
| <input type="checkbox"/> Rented Equipment From Others | <input type="checkbox"/> Tenant Betterments & Improvements |

Do you rent any of your owned equipment to the sole custody of others (unaccompanied by you or your employees)? Yes No

If yes, what is the maximum replacement value of owned equipment that you rent out to others at anyone time (unaccompanied by you or your employees)? \$ _____

Would you like to add coverage for Voluntary Parting and False Pretense? Yes No

- this covers your equipment if the person/company renting or borrowing your equipment never returns it -

If yes, do you require your renters to sign a rental contract that makes them responsible for damages or theft to your equipment being rented? Yes No

For equipment you own, is any single item valued at \$5,001 or more (replacement cost including sales tax)? Yes No

If yes, please complete the below and include all items \$5,001 or more.

- Owned items that are valued at \$5,001 or more that are not scheduled will not be covered under the policy -

| Make | Model | Serial Number | Replacement Cost (Including Sales Tax) |
|-------|-------|---------------|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If you have more than 5 items valued at \$5,001 or more please continue listing the items on page 5

Rental Reimbursement Coverage - only available with Owned Equipment Coverage (please select one)

- If you have a covered claim, this coverage reimburses your rental fees for equipment rented to continue your business operations -

None \$5,000 \$10,000 \$25,000

Continuing Rental Fees Coverage - only available with Rented Equipment from Others Coverage (please select one)

- If you have a covered claim, this coverage reimburses your rental company for loss of rental income during your claim handling -
 - This coverage has a 72 hour waiting period from the time the claim is reported in writing to the insurance agent or carrier -

None \$5,000 \$10,000 \$25,000

Work Tools and Clothing - coverage options are per occurrence/per employee limits

- This coverage is a separate limit for work related tools and clothing such as work uniforms -

None \$1,000/\$250 \$5,000/\$500 \$10,000/\$1,000

Interior/Exterior Plate Glass Coverage None \$5,000



Business Income and Extra Expense (other than rental value)

- If you have a covered claim, this coverage reimburses you after the waiting period for 1055 of income and expenses to -
- keep your business running such as rent on another location. This coverage is location specific. -

None _____ Limit Request \$ _____ (Maximum Limit of \$50,000)

Please schedule the location(s) for the requested Business Income Coverage

(description, location address, city, state, zip)

Location 1: _____

Location 2: _____

Location 3: _____

If you have more than 3 locations please continue listing them on page 5

_____ (Please read and initial) A business continuation plan must be received in order to bind this coverage.

_____ (Please read and initial) A 72 hour waiting period applies for Business Income and Extra Expense Coverage. In the states of AL, CT, DE, FL, GA, LA MA, MD, ME, MS, NH, NJ, NY, NC, RI, SC, TX, and VA, the waiting period is increased to 120 hours.

Locked Vehicle Warranty

The policy has a Locked Vehicle Warranty, which states there is NO coverage for equipment stolen from an Unlocked vehicle. Do you want to remove this warranty and thus add back coverage for equipment stolen from an unlocked vehicle for an additional 10% charge?

Yes _____ No _____

Disclaimers & Signature

- I understand that this quote is for equipment coverage and does not apply to vehicles, liability insurance, or workers compensation coverage.
- I understand that if I take my equipment to the country of Mexico, there is an automatic sub-limit (cap of coverage) of \$25,000 total.
- I understand that coverage is worldwide except for countries with US Sanctions.
- I understand that my policy has a LOCKED VEHICLE WARRANTY. This means that there is no coverage for theft from an UNLOCKED vehicle unless I elect to remove this warranty for an additional 10% of my premium.
- I have reviewed and understand the above statements. I certify that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may affect my coverage and even void coverage in the event of a claim.

Signed for the Proposed Policyholder

Signed by Licensed Agent

Agency Name and License Number

Date

Agent Phone Number

Agent E-mail Address

Agency Mailing Address



Below is additional space to provide additional items or locations as per the questions ask on previous pages of the application.

| Make | Model | Serial Number | Replacement Cost |
|------|-------|---------------|------------------|
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- Owned items that are valued at \$5,001 or more that are not scheduled will not be covered under the policy -

Location: _____

Location: _____

Location: _____

Location: _____

Location: _____

Location: _____

Location: _____



How to Reach Us

California Office

950 S. Bascom Ave.
Suite 3010
San Jose, CA 95128

Submission Options:

Send to California Office listed above

or

Scan and email to:
sales@gsportsinsurance.com

or

Fax to: 408-414-8199

Website: gsportsinsurance.com

Phone: +1 (800)-995-9768

Email: sales@gsportsinsurance.com