



2018-2019 RRCA Equipment Floater Application

Please print or type

Club Name: _____

Full Address: _____

E-Mail: _____ Phone: _____

The following items are those we wish to insure and are valued at the current replacement cost: Attach a spreadsheet (if necessary) with equipment inventory using sample columns listed below. Attach a narrative describing the storage facility where the equipment is stored. Please list security measures, such as chain link fence, guarded rental facility, locks on doors, etc.

Description of Item	Serial Number	Date Purchased	Replacement Cost

Total Amount of Insurance Requested: _____

Calculate premium (x \$2.55 per \$100 replacement cost) _____

Minimum premium for coverage is \$100

Signature: _____

Title: _____

Must be a current RRCA member. A check must accompany this application. Coverage becomes effective the date application is received and approved by K&K Insurance Group and will expire on 12/31/19 regardless of when coverage becomes effective.

Make check payable to Insurance Management Group and mail to:

Insurance Management Group
Attn: Margaret Mayers
12730 Coldwater Road, Suite 103
Fort Wayne, IN 46845