



2021 RRCA Equipment Floater Application

Club Name:

Full Mailing Address:

Email:

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 Cos
---------------------	---------------	----------------	-----------------

Security measures:

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 12/31/21 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