



2024 RRCA Equipment Floater Application

Organization 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
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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 12/31/24 regardless of when coverage becomes effective.

Make check payable to Insurance Management Group and mail to:

Insurance Management Group
Attn: RRCA Equipment Policy
12730 Coldwater Road, Suite 103
Fort Wayne, IN 46845