

**2011-2012 Amateur Sports – Equipment Plan Description
Philadelphia Indemnity Insurance Company
Team / League Sports Insurance Program**

EQUIPMENT

DESCRIPTION: Items that can be covered include sports equipment, field maintenance equipment, concession stand equipment, concession stock, or small storage sheds that you own or lease/rent. This coverage is for loss or damage to your equipment due to fire, theft, vandalism, or other specified causes (subject to actual policy terms and conditions.) Payment will be made on a Replacement Cost Basis.

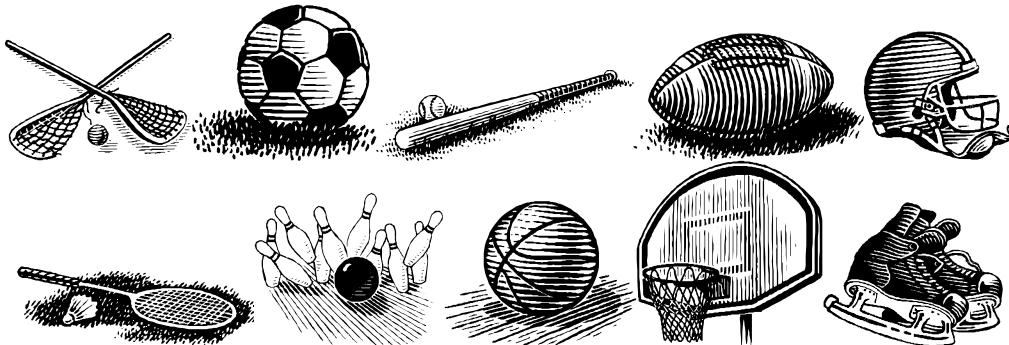
PREMIUM: \$2.41 per \$100 of coverage (subject to a \$250 minimum premium)

Example: \$20,000 limit divided by 100 = 200 x \$ 2.41 = \$482.00 total

CONDITIONS:

- ✓ Policy is subject to a minimum premium of \$250
- ✓ \$250 Deductible (per claim)
- ✓ You must cover the replacement cost value of 100% of all your equipment to comply with the policy's 100% coinsurance requirement. **You must specifically schedule any equipment with a replacement cost value greater than \$1,000 or above.** (Itemized Inventory will be required at the time of loss)

NOTE: COVERAGE IS BOUND UPON WRITTEN CONFIRMATION FROM WILLIS



This brochure is not a solicitation but only a description of this insurance program. The precise coverage afforded is subject to the terms, conditions and exclusions of the policy issued. Refer all questions to :

***Lori Brown
Willis Insurance Services
912-239-9028
lori.brown@willis.com***

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IMPORTANT: All questions MUST BE ANSWERED and the questionnaire SIGNED BY AUTHORIZED REPRESENTATIVE
FILL IN BOXES BELOW – Please Print or Type – Use Black Ink

Region #		Authorized Representative	
Address	City	State	Zip Code
Daytime Phone	Home Phone	Fax	
Email Address			
<input type="checkbox"/> RENEWAL <input type="checkbox"/> NEW		Effective Date: _____	
<input checked="" type="checkbox"/> \$250 Deductible Per Loss <input checked="" type="checkbox"/> Policy period: Effective upon written confirmation by Willis <input checked="" type="checkbox"/> Coverage expires 12:01 am on the Expiration Date.		Expiration Date: _____	

PART 1: EQUIPMENT VALUED LESS THAN \$1000 PER ITEM:

Please check the type of unscheduled equipment with replacement cost values less than \$1,000 per item that you will be insuring:

- | | |
|---|---|
| <input type="checkbox"/> Sports Equipment | <input type="checkbox"/> Field / Facility Maintenance Equipment |
| <input type="checkbox"/> Concession Equipment | <input type="checkbox"/> Small Storage Sheds (valued less than \$1,000) |
| <input type="checkbox"/> Concession Stock | <input type="checkbox"/> Fences, Scoreboards |
| <input type="checkbox"/> Uniforms | <input type="checkbox"/> Dugouts, Benches, Bleachers |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Total Replacement Cost Value of all Unscheduled Equipment: \$ _____ (Part 1 Total)
***Minimum \$10,000 Applies**

PART 2: EQUIPMENT VALUED \$1,000 OR MORE PER ITEM:

You must specifically schedule any equipment with a replacement cost value greater than \$1,000 below. (Attach separate sheet of paper if necessary)

<u>Description</u>	<u>Replacement Cost Value</u>
<i>Example: John Deere Tractor</i>	<i>\$10,000</i>
_____	_____
_____	_____
_____	_____

Total Replacement Cost Value of all Scheduled Equipment \$ _____ (Part 2 Total)

Off-Season Storage Location: _____

List any losses/claims in the past 3 years. Please include date & description of loss and total amount of loss. (Attach separate sheet of paper if necessary) _____

PREMIUM COMPUTATION

\$ _____ (Part 1 Total) + \$ _____ (Part 2 Total) = \$ _____ 100% Value of Equipment
 100% Value of Equipment: \$ _____ divided by 100: _____ x \$ 2.41 = _____ (premium)
Total Premium Due (for Equipment Coverage): \$ _____ (Note: \$250 minimum premium applies)

 (Signature) _____ (Date)

Email or fax completed application to:

Willis Insurance Services c/o Lori Brown
 7 E. Congress Street, Suite 1002
 Savannah, GA 31401
 912-238-2732 fax
 Lori.brown@willis.com

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