

Insurance Technologies and Programs

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Property Coverage for Rented or Leased Equipment

Name of Insured: _____

Address: _____

Name of Event: _____

Dates of Coverage: From: _____ To: _____

Equipment to be covered:

<u>Description (Golf Carts, Radios, Generators, etc)</u>	<u>Number of Items</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

If Similar Coverage has been carried in the past, have there been any losses in the past 4 years?

Yes No

If yes, describe: **Type of loss and total paid.** _____

Do you need a certificate issued to the equipment provider(s)?

Name & Address: _____

Items Providing: _____

Name & Address: _____

Items Providing: _____

****Please include any specific wording requests or contract if necessary.****