

Public Assets Coverage Application

Member Contact Information

Member Name: _____

Contact: _____ Title: _____

Email: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Agent Contact Information

Agency: _____

Agent: _____ Email: _____ Phone: _____

Acct Rep/CSR: _____ Email: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Coverage Effective Date: _____

Is a quote required prior to renewal? Yes No If yes, by what date is it required? _____

Coverage Selection

Blanket Coverage Selections:

Coverage A (RC): "Computers" and "software" "you" own, lease, or rent if "you" are legally responsible for it.

Coverage Total: \$ _____ Deductible: \$ _____

Coverage B (ACV): "Mobile equipment", "travel trailers", or "utility trailers" "you" own, lease, or rent.

Coverage Total: \$ _____ Deductible: \$ _____

Coverage C (RC): Personal property "you" own, lease, or rent other than Coverage A or B.

Coverage Total: \$ _____ Deductible: \$ _____

Coverage D (RC): Emergency services equipment you own, lease, or rent.

Coverage Total: \$ _____ Deductible: \$ _____

Coverage E: Scheduled Equipment Coverage Section (Provide a schedule for this section):

Personal Property and Equipment:

Coverage Total: \$ _____

_____ Actual Cash Value – 80% coinsurance

_____ Stated Amount (Not available on contractor’s equipment.)

_____ Replacement Cost – 80% coinsurance (Not available on contractor’s equipment.)

Deductible: \$ _____

Electronic Data Processing Equipment:

Covered Values: Equipment: \$ _____

Media: \$ _____

Extra Expense: \$ _____

Deductible: \$ _____

Valuation: _____ Actual Cash Value – 80% coinsurance

_____ Replacement Cost – 80% coinsurance

Additional Coverage Options:

Money and Securities Coverage:

Inside Coverage:

Location #1: _____ Coverage: \$ _____

Location #2: _____ Coverage: \$ _____

Extra Expense Coverage:

Location: _____ Payment percentages: _____

Deductible: _____ Amount: \$ _____

Business Income Coverage:

Payment option: Coinsurance: _____

Limit of Indemnity: _____

Maximum Period of Indemnity: _____

Amount: _____

Valuable Papers & Records Coverage:

Location: _____ Amount: \$ _____

Deductible: _____

*****FOR NEW MEMBERS, PLEASE INCLUDE FIVE (5) YEARS OF LOSS HISTORY.*****