

Sports, Leisure and Entertainment Equipment Floater



- **Sports, Leisure & Recreational Equipment**
- **Musical Instruments & Sound Equipment**
- **Production & Entertainment Equipment**
- **Short Term Rented Equipment**

Francis L. Dean & Associates, LLC



The Leader in Sports, Leisure and Entertainment Insurance

Sports, Leisure and Entertainment Equipment Floater

From production and studio equipment to a baseball league's sporting gear, our equipment floater can cover a broad class of business personal property. Rates and benefits are competitive with coverages such as wind, transit, accidental damages, and more.

Eligible Equipment Classes

Sports, Leisure and Recreational Equipment

Sporting goods and equipment, gym and fitness equipment, business personal property, tenant improvements, sport event property, race timing machines, racing chips, banners, office personal property, ROTC related equipment, and any related Sports & Recreational equipment.

- Annual Coverage
- Maximum Limit \$750K (\$150K per item)
- Replacement Cost Basis
- Minimum Premium \$225

Production and Entertainment Equipment

Cameras, camera equipment, sound, audio visual, lighting and grip equipment, communications equipment, portable electric equipment, editing and projection equipment, office personal property, generators, mechanical effects equipment, props, sets, wardrobe, event equipment, theatrical equipment, computer equipment including desktops, laptops and monitors, and all similar personal property and related

- Annual Coverage
- Maximum Limit \$750K (\$150K per item)
- Replacement Cost Basis
- Minimum Premium \$375

Musical Instruments and Sound Equipment

Musical Instruments, sound equipment, vintage musical instruments, similar personal property, office personal property, and other related musical equipment.

- Annual Coverage
- Maximum Limit \$750K (\$150K per item)
- Classical Musicians & Musical Groups
- Amended Replacement Cost-Musical Instruments
- Replacement Cost Basis-Non-Musical Instruments
- Minimum Premium \$200

Short Term Rented Equipment

Any of the above equipment classes rented for short term use. Policy can include the rental company as loss payee.

- 1 day to 11 months of coverage
- Maximum Limit \$500K (\$150K per item)
- Replacement Cost Basis
- Minimum Premium \$160

Program Highlights

The following highlights apply to all of our eligible equipment classes:

- All single items over \$5K in value must be scheduled on the policy in order for there to be any coverage for that item (Exception: rented equipment from others does not need to be scheduled)
- Coverages Included: Wind, Equipment in Transit, Accidental Damages, Theft, Fire, and Smoke
- Deductible options of \$250, \$500, \$1000 & \$2500 available (Higher deductibles decrease premiums)
- Admitted Carrier A.M. Best Rated "A" Excellent XIV
- All Equipment Floater Policies Can Be Purchased Monoline

Optional Coverages

- Interior/Exterior Plate Glass Coverage
- Rental Reimbursement (if owned equipment)
- Work Tools and Clothing
- Continuing Rental Fees (if rented equipment)
- Rented Equipment From Others
- Rented Equipment To Others
- Voluntary Parting & False Pretense (if rented to others)
- Business Income and Extra Expense

Application for Sports, Leisure and Entertainment Equipment Floater

Part I Proposed Policyholder *Please print or type*

- a. Full Legal Name of Proposed Policyholder** _____
(As it should appear on the insurance policy)
- b. Mailing Address** _____
Street City State Zip
- c. Contact Person** _____
Phone Number _____ **E-mail Address** _____
- d. Please describe your business operations:** _____
- e. Have you ever had an equipment claim in the last 5 years?** Yes No
If yes, please describe all claims in detail (including date, payout & loss details):
Claim #1: _____
Claim #2: _____
Claim #3: _____
- f. Where do you store your equipment the majority of the time?:** _____
Does this location have an alarm system connected to an outside monitoring company? Yes No
- g. Do you travel with your equipment outside of the United States?** Yes No
(Note: coverage does not include travel outside of the United States)
- h. Do you travel with your equipment to Mexico?** Yes No
- i. Does any of your equipment go underwater?** Yes No
If yes, is it in a waterproof or protective case? Yes No
- j. Is any single item(s) valued at \$150K or more?** Yes No

Please complete either Part II for short term rented equipment OR Part III for all annual coverages

Part II Short -Term Coverage: Rented Equipment Only (No Automobiles) - 1 day to 11 months

- a. Rented Equipment from Others Limit:** \$ _____
(Replacement value, including sales tax, of all equipment being rented)
- b. Rental Pick Up Date** _____ **Rental Return Date** _____
(mm/dd/yyyy) (mm/dd/yyyy)
- c. Description of equipment being rented** _____
- d. Continuing Rental Fees Coverage (OPTIONAL - please select one)** None \$2,500 \$5,000
(If you have a covered claim, this coverage reimburses your rental company for loss of rental income during your claim handling. This coverage has a 72 hour waiting period from the time the claim is reported in writing to the insurance agent or carrier)

Part III Annual Coverage: All Eligible Coverages and Options Available (No Automobiles)

Scheduled Items (Other Than Trailers)

Equipment Type	Replacement Value (including sales tax)	Description of Equipment
Owned Production Equipment		
Owned Sports, Leisure & Recreational Equipment		
Owned Musical Instruments & Sound Equipment		
Business Personal Property		
Rented Equipment From Others (maximum value at any one time)		
Tenant Betterments & Improvements (complete Tenant Betterments section)		

Application for Sports, Leisure and Entertainment Equipment Floater

1. For equipment you own, is any single item valued at \$5,001 or more (replacement cost including sales tax)? Yes No

If yes, please complete the below and include all items \$5,001 or more.

(Owned items that are valued at \$5,001 or more that are not scheduled will not be covered under the policy.)

(Please include a separate sheet of paper if you have more items to schedule.)

Make	Model	Serial Number	Replacement Cost (including sales tax)

2. Do you have any items that are custom made? Yes No

If yes, do you have any custom made equipment valued over \$5000 a piece?

- Yes No

If yes, please complete the chart below.

Description of Custom Made Item	Date Made (If older than 10 years, we will require photos prior to binding)	Materials and Their Costs	Labor Costs

Note- Custom items require receipt, work order or appraisal in order to provide a quotation

Tenant Betterments (Note- Tenant Betterments require copies of work orders or material and labor receipts in order to be quoted) Please note that Tenant Betterments and Improvements is anything that is permanently fixed or attached to the building structure . If items can be removed without damaging the building structure, the would not be considered Tenant Betterments and Improvements.

1. List the location address (where the tenant improvements are) _____

a. Square footage of the new location _____

b. What year was the building built? _____

c. If the building is older than 50 years old, what year was the following updated?

1. Heating _____

2. Electrical _____

3. Plumbing _____

4. Roofing _____

d. What is the construction type of the building (steel, wood, concrete)? _____

e. Does the location have a sprinkler system (active system)? Yes No

f. Does the location have a fire and burglar alarm connected to a monitoring service? Yes No

g. What type of security does the premise have, other than burglar/fire alarms? _____

Application for Sports, Leisure and Entertainment Equipment Floater

Trailers

*ALL trailers must be scheduled.

* If the trailer is older than 10 years, photos of the trailer are required to provide a quotation.

Make	Model	Vin#	Year Built	Replacement Value With Sales Tax

1. Do you have any equipment that is permanently attached to the trailer? Yes No

a. If yes, what is the total value of equipment that is permanently attached to the trailer? _____

b. Is any single item of the permanently attached equipment over \$5,000 a piece? Yes No

If yes, please provide scheduled equipment info (make, model, serial number, and replacement cost) _____

2. Where do you store your trailer when not in use? (Please select one)

- Personal residence - away from public view
- Personal residence - on driveway
- Guarded Parking Lot/garage - not at personal residence location
- Other _____

3. What kind of security does this location have to prevent the public from entering? (Please check all that apply)

- Monitored alarm system (connected to a police station or alarm company)
- Unmonitored alarm system (alarm that only makes noise)
- Locked Fence
- Guarded security (monitored 24/7)

4. Does your trailer have an alarm system? Yes No

5. Does your trailer have a lock? Yes No

a. If yes, please describe _____

6. Do you ever leave the trailer out overnight at a job or event? Yes No

a. If yes, will your Equipment be attended/guarded at ALL times (24/7)? (Please select one)

- Yes
- No
- It will be attended/guarded a majority of the time

b. Where is it parked when left overnight at a job or event? (Please select one)

- On the event grounds
- At the event parking area
- Other _____

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Optional Coverages

1. **Do you rent any of your owned equipment to the sole custody of others (unaccompanied by you or your employees)?** Yes No
If yes, what is the maximum replacement value of owned equipment that you rent out to others at any one time (unaccompanied by you or your employees)? \$ _____
2. **Would you like to add coverage for Voluntary Parting and False Pretense?** _____ Yes No
(this covers your equipment if the person/company renting or borrowing your equipment never returns it)
If yes, do you require your renters to sign a rental contract that makes them responsible for damages or theft to your equipment being rented? Yes No
3. **Rental Reimbursement Coverage - only available with Owned Equipment Coverage (please select one)**
(If you have a covered claim, this coverage reimburses your rental fees for equipment rented to continue your business operations)
 None \$5,000 \$10,000 \$25,000
4. **Continuing Rental Fees Coverage - only available with Rented Equipment from Others Coverage (please select one)**
(If you have a covered claim, this coverage reimburses your rental company for loss of rental income during your claim handling. This coverage has a 72 hour waiting period from the time the claim is reported in writing to the insurance agent or carrier)
 None \$2,500 \$5,000 \$10,000 \$25,000
5. **Work Tools and Clothing - coverage options are per occurrence/per employee limits**
(this coverage is a separate limit for work related tools and clothing such as work uniforms)
 None \$1,000/\$250 \$5,000/\$500 \$10,000/\$1,000
6. **Interior/Exterior Plate Glass Coverage**
 None \$5,000
7. **Business Income and Extra Expense (Includes Rental Value) (Please note that home office locations are ineligible)**
(If you have a covered claim, this coverage reimburses you after the waiting period for loss of income and expenses to keep your business running such as rent on another location. This coverage is location specific.)
 None Limit Requested \$ _____ Maximum Limit \$50,000
Please schedule the location(s) for the requested Business Income Coverage (description, location address, city, state, zip):
Location 1: _____
Location 2: _____
_____ (Please read and initial) A business continuation plan must be received in order to bind this coverage.
_____ (Please read and initial) A 72 hour waiting period applies for Business Income and Extra Expense Coverage. In the states of AL, CT, DE, FL, GA, LA MA, MD, ME, MS, NH, NJ, NY, NC, RI, SC, TX, and VA, the waiting period is increased to 120 hours

Part IV Disclaimers & Signature

- I understand that this quote is for equipment coverage and does not apply to vehicles, liability insurance, or workers compensation coverage.
- I understand that there is no coverage if I take my equipment outside of the United States.
- I understand that my policy has no coverage for theft from an unlocked vehicle.
- I have reviewed and understand the above statements. I certify that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may affect my coverage and even void coverage in the event of a claim.

Signed for the Proposed Policyholder

Signed by Licensed Agent

Agency Name and License Number

Date

Agent Phone Number

Agent E-mail Address

Agency Mailing Address

Francis L. Dean & Associates, LLC



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