



## Equipment Insurance Enrollment Form - Short Term

**Policyholders Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Effective Date (start date) of policy mm/dd/yyyy:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Expiration Date (end date) of policy mm/dd/yyyy:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Are you aware of any known or potential equipment losses or claims as of today?:**

Yes  No

**If yes, please describe:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please describe all of the owned equipment/inventory you wish to insured:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**PLEASE SELECT AND COMPLETE ONLY ONE OPTION BELOW:**

**Option #1: Coverage for 1 to 15 Days - Deductible per claim: \$250**

<b>Limit</b>	<b>Price</b>
\$3,000	\$115
\$5,000	\$165
\$10,000	\$275
\$25,000	\$625
\$50,000	\$1,175

**Price Subtotal (from above choice): \_\_\_\_\_**

**Option #2: Coverage for 15 to 30 days - Deductible per claim: \$250**

<b>Limit</b>	<b>Price</b>
\$3,000	\$148
\$5,000	\$225
\$10,000	\$395
\$25,000	\$925
\$50,000	\$1,775

**Price Subtotal (from above choice): \_\_\_\_\_**

**SURCHARGES AND OPTIONAL COVERAGE:**

**Do you want to cover any Rented or Borrowed Equipment in addition to your owned Equipment?**

**— Yes — No**

**If NO, please skip to the next question.**

**If YES, please include the calculation on the next page to your price above.**



Enter Replacement Cost of  
Rented Equipment Below:

\_\_\_\_\_ **X** 0.0008 = \_\_\_\_\_

Multiply the sum above by the total number of days needing coverage from the OPTION you chose on the previous page.

This is your **Rented Equipment Premium**. Please enter this number here: \_\_\_\_\_

Rented Equipment Premium	Price Subtotal from Previous Page	New Price Subtotal
_____	_____	= _____

Will any of your equipment/inventory include Clothing, Computers and Electronics, Comic Books, Video Games, Watches, Fine Arts, Wine or Craft Beer, Liquor?

Yes  No

If NO, please skip to the next question.

If YES, please include the below calculation to your price from the previous page.

Price Subtotal	New Price Subtotal
_____	<b>X</b> \$1.15 = _____

The policy excludes coverage for theft from an unlocked vehicle. However, you can add this coverage back for 10% additional price. Would you like to add this coverage?

Yes  No

If NO, please skip to the Final Price Section.

If YES, please include the surcharge calculation below.

Price Subtotal	New Final Price
_____	<b>X</b> \$1.10 = _____



**RAINPROTECTION.NET**  
WHERE YOUR EVENT GETS INSURED

Tel: (800)528-7975  
Fax: (800)913-2711  
[sales@rainprotection.net](mailto:sales@rainprotection.net)  
[www.Rainprotection.net](http://www.Rainprotection.net)

## **FINAL PRICE (including all optional coverages and surcharges):**

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### **I understand that the following is excluded and not covered in the policy:**

Jewelry, Coins, Stamps, Sports and Memorabilia Collectibles, Furs, Bullion, Securities, Any type of Food or Beverages (except wine, craft beer or liquor), Guns and Ammo, Fireworks, and Antique Vendors. Chemicals, Fertilizers, Pharmaceuticals, Vitamins and Supplements, Pesticides, Motor Vehicles, Boats, ATVs, Recreational Vehicles, Watercraft's and Tractors.

**I acknowledge these Exclusions.**

**Initials**

**By signing this application, I understand that I have completed this form to the best of my knowledge. I also understand that any misrepresentations on this application can result in coverage being voided**

**Application Name:** \_\_\_\_\_

**Date (mm/dd/yyyy):** \_\_\_\_\_

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**CREDIT CARD FORM IS ON THE NEXT PAGE**



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[www.Rainprotection.net](http://www.Rainprotection.net)

# CREDIT CARD PAYMENT AUTHORIZATION FORM

(Note: Due to the carrier needing to receive full payment, a 3% credit card processing fee will be added to your charge)

**AMOUNT TO BE CHARGED:**

**CREDIT CARD TYPE:**

**CREDIT CARD #:** \_\_\_\_\_

**CARD CV2 #:** \_\_\_\_\_

**EXPIRATION DATE (mm/yyyy):** \_\_\_\_\_

**BILLING ADDRESS:**

**CITY:**

**STATE:**

## 3D BAR CODE:

**PHONE:**

**NAME ON THE CARD:** \_\_\_\_\_

**EMAIL ADDRESS:**

**Signature of Applicant**

Date

**I am the application and I choose to use an Electronic Signature by clicking:  Yes**