



RAINPROTECTION.NET
WHERE YOUR EVENT GETS INSURED

Tel: (800)528-7975

Fax: (800)913-2711

sales@rainprotection.net

www.Rainprotection.net

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: _____



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PLEASE SELECT AND COMPLETE ONLY ONE OPTION BELOW:

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

<u>Limit</u>	<u>Price</u>
\$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

<u>Limit</u>	<u>Price</u>
\$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.



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Enter Replacement Cost of
Rented Equipment Below:

Enter Sum
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

_____ X \$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

_____ X \$1.10 = _____



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FINAL PRICE (including all optional coverages and surcharges:

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): _____

CREDIT CARD FORM IS ON THE NEXT PAGE



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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)

I _____ Authorize Roca Services Corp. (dba – Rainprotection.net) or it's affiliate to charge my credit card.

AMOUNT TO BE CHARGED: _____

CREDIT CARD TYPE: _____

CREDIT CARD #: _____

CARD CV2 #: _____

EXPIRATION DATE (mm/yyyy): _____

BILLING ADDRESS: _____

CITY: _____

STATE: _____

ZIP 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