

Named Insured: _____ **Contact Name:** _____

Physical address of equipment when being stored: _____
Street City State Zip

 Does this location have an alarm system connected to an outside monitoring company? Yes No

 Describe actions taken to ensure the safety of your equipment while being stored:

 Has your organization had an equipment claim/loss in the last 5 years? Yes No

 If yes, describe all claims/losses in detail, including date of claim, payout and loss details:

Part 1: Equipment Valued Less Than \$1,000 Per Item:

	<u>Replacement Cost/Value</u>
Field Maintenance Equipment (such as lawn mowers, grooming equipment)	\$ _____
Concession Stand Equipment (excluding products such as popcorn, soda or candy)	\$ _____
Fences, Scoreboards, Lights	\$ _____
Dugout, Bleachers, Benches	\$ _____
*Portable Storage Sheds (NOT permanent structures)	\$ _____
*Storage Sheds that are NOT mobile are considered 'Real Property' and must be written on under 'Real Property Coverage'	\$ _____
Misc. Equipment – Please provide a complete description:	\$ _____
Total Replacement Cost of Part 1:	\$ _____

Part 2: Equipment Valued MORE than \$1,000 Per Single Item:

<u>Description of each item with Model/Serial No.</u>	<u>Replacement Cost/Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Replacement Cost of Part 2:	\$ _____

Part 3: All *Trailers & Off-Road Vehicles must complete trailer supplement

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>VIN#</u>	<u>Replacement Cost/Value</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Replacement Cost of Part 3:				\$ _____

Signature: _____ **Date:** _____