

## 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.\*\*\***