# **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 worldwide coverage, earthquake, flood, 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:

- Includes Worldwide Coverage (Mexico has a maximum \$25K sub-limit. Territories where the United States has imposed sanctions prohibiting trade are excluded unless the US Government has given permission)
- 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: All-Risk Peril Form including Earthquake, Flood, Wind, Equipment in Transit, Accidental Damages, Theft, Fire, Smoke, Water Damage and Terrorism Coverage
- 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

Please print or type

Part I Proposed Policyholder

(complete Tenant Betterments section )

э.	Full Legal Name of Proposed Policyh (As it should appear on the insurance policy)	nolder			
<b>o.</b>	Mailing AddressStreet	City	C+	ate	Zip
: <b>.</b>	Contact Person			ate	Σίρ
•	Phone Number				
	Please describe your business opera				
•	Have you ever had an equipment cla			☐ Yes	□No
	If yes, please describe all claims in d	etail (including date, payout &	k loss details):	_	<del>_</del>
	Claim #1:				
	Claim #2:				
	Claim #3:				
	Where do you store your equipment	t the majority of the time?:			
	Does this location have an alarm sys			☐ Yes	□No
	Do you travel with your equipment		<b>5</b> . ,	☐ Yes	□ No
	(Note: coverage does not include travel to cou	ıntries with US Sanctions)	•	_	_
•	Do you travel with your equipment t			☐ Yes	☐ No
	Does any of your equipment go und	erwater?		☐ Yes	☐ No
	If yes, is it in a waterproof or protect	ive case?		☐ Yes	☐ No
	Is any single item(s) valued at \$150K	Cor more?		☐ Yes	☐ No
	Rented Equipment from Others Limi (Replacement value, including sales tax, of all Rental Pick Up Date				
	Description of equipment being ren			(mm/c	dd/yyyy)
	Continuing Rental Fees Coverage (O		□ None	□ \$2,500	□ \$5,000
	(If you have a covered claim, this coverage rei hour waiting period from the time the claim is Locked Vehicle Warranty - The policy from an Unlocked vehicle. Do you w unlocked vehicle for an additional 1	mburses your rental company for loss s reported in writing to the insurance y has a Locked Vehicle Warran ant to remove this warranty a	s of rental income during your cl agent or carrier) ty, which states there is N	aim handling. This o	coverage has a 72
	Annual Coverage: All Eligible Cover led Items (Other Than Trailers)	rages and Options Available	No Automobiles)		
	Equipment Type	Replacement Value (in	cluding sales tax)	Description	n of Equipment
C	Owned Production Equipment				
Own	ed Sports, Leisure & Recreational Equipment				
Owr	ed Musical Instruments & Sound Equipment				
	Business Personal Property				
	ented Equipment From Others aximium value at any one time)				
	ant Betterments & Improvements				

	Make	Model	Serial Number		Replacement Cos (including sales ta
	Do you have any items		mt valued aven \$5000 a mis se?	☐ Yes	□ No
		have any custom made equipme complete the chart below.	nt valued over \$5000 a piece?	∐ Yes	☐ No
	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
F					
	Note- C	ustom items require receipt, work	order or appraisal in order to provide	a quotation	
na	int Betterments	ustom items require receipt, work		a quotation	
na	ant Betterments  1. List the location add	dress (where the tenant improve		a quotation	
na	ant Betterments  1. List the location add  a. Square footage o	dress (where the tenant improve	ments are)	_	
na	ant Betterments  1. List the location add  a. Square footage of the b. What year was the square footage.	dress (where the tenant improve	ments are)	_	
na	ant Betterments  1. List the location add  a. Square footage of the building is	dress (where the tenant improve of the new location he building built?	ments are)	_	
na	ant Betterments  1. List the location add  a. Square footage of b. What year was the c. If the building is	dress (where the tenant improve of the new location he building built? older than 50 years old, what ye	ments are)	_	
na	a. Square footage of b. What year was the c. If the building is 1. Heating — 2. Electrical .	dress (where the tenant improve of the new location he building built? older than 50 years old, what ye	ments are)	_	
ena	a. Square footage of b. What year was the c. If the building is  1. Heating —  2. Electrical .  3. Plumbing	dress (where the tenant improve of the new location he building built? older than 50 years old, what ye	ments are)	_	
ena	a. Square footage of b. What year was the c. If the building is 1. Heating — 2. Electrical . 3. Plumbing 4. Roofing —	dress (where the tenant improve of the new location he building built? older than 50 years old, what ye	ments are)		
≥na	a. Square footage of b. What year was the c. If the building is 1. Heating — 2. Electrical . 3. Plumbing 4. Roofing — d. What is the cons	dress (where the tenant improve of the new location he building built? older than 50 years old, what ye	ments are)ar was the following updated?		□ No

### **Trailers**

\*ALL trailers must be scheduled.

* If the trailer is older than 10	) years, photos of	the trailer are r	equired to	provide a q	uotation
-----------------------------------	--------------------	-------------------	------------	-------------	----------

Make	Model	Vin#	Year Built	Replacement Value With Sales Tax
1. Do you have any equipme	nt that is permanently attacl	ned to the trailer?	☐ Yes	i □ No
a. If yes, what is the tota	al value of equipment that is	permanently attached to the trail	er?	
h Is any single item of t	he nermanently attached ec	uipment over \$5,000 a piece?	☐ Ye	s $\square$ No
, -		-	_	_
if yes, please prov	iae scneaulea equipment in	fo (make, model, serial number, aı	na repiaceme	nt cost)
2. Where do you store your tr		se select one)		
☐ Personal residence - av	•			
☐ Personal residence - or	n driveway garage - not at personal resid	longo logation		
= =	garage - not at personal resid			
☐ Monitored alarm syste	this location have to preven em (connected to a police sta estem (alarm that only makes		e check all th	at apply)
☐ Guarded security (mor	nitored 24/7)			
4. Does your trailer have an a	larm system?		☐ Yes	□ No
5. Does your trailer have a loc	rk?		☐ Ye	s $\square$ No
3. Does your trailer have a loc	.n:			
a. If yes, please describe .				
6. Do you ever leave the traile	er out overnight at a job or e	vent?	☐ Ye	s 🔲 No
a. If yes, will your Equipm	nent be attended/guarded at	t ALL times (24/7)? (Please select o	ne)	
□Yes	•	, , ,	•	
□ No				
☐ It will be atte	nded/guarded a majority of	the time		
•	en left overnight at a job or e	vent? (Please select one)		
□On the event	_			
☐ At the event	parking area			
☐ Other	_			

#### **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?(this covers your equipment if the person/company renting or borrowing your equipment never returns it)	☐ Yes	□ No				
	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 Cove (If you have a covered claim, this coverage reimburses your rental company for loss of rental income during your claim 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 wValue) (Please note that home office le	ocations are in	eligible)				
	(If you have a covered claim, this coverage reimburses you after the waiting period for loss of business running such as rent on another location. This coverage is location specific.)  Business Income: None Limit Requested \$ Maximum Limit Extra Expense: None Limit Requested \$ Maximum Limit \$1 Please schedule the location(s) for the requested Business Income and/or Extra Explocation address, city, state, zip):	\$10,000 0,000					
	Location 1:						
	Location 2:						
	(Please read and initial) A business continuation plan must be received in or	der to bind th	is coverage.				
	(Please read and initial) A 72 hour waiting period applies for Business Income the states of AL, CT, DE, FL, GA, LA MA, MD, ME, MS, NH, NJ, NY, NC, RI, SC, TX, and VA, the 120 hours						
8.	Locked Vehicle Warranty - The policy has a Locked Vehicle Warranty, which states there is Newscalen from an Unlocked vehicle. Do you want to remove this warranty and thus add back of from an unlocked vehicle for an additional 10% charge?						

9.	Will you ever le	ave any equipment	in your vehicle unattended?	YES NO
	a. If <b>yes</b> , please a	nswer the following:		
	i.	What is the maxin #ž Owned Eq		ttended in your vehicle for each type below?
	[[ž		ehicle will you leave your equipm	ent in (please describe in detail)
	iii.	Does the equir	oment being insured have a GPS t	racking device? YES @A
		#ž If yes, does	-	o a monitored, remote device or security system?
	iv.		e have an alarm system? YES @ ne alarm signal go to a monitored	A , remote device or security system? Please explain
	v.	What other secu	rity measures will be taken to pro	etect the equipment while left in a vehicle?
	vi.	<ol> <li>City Street</li> <li>Residential St</li> <li>Residential G</li> <li>Residential St</li> <li>Parking Garag</li> <li>If you</li> <li>With</li> <li>With</li> <li>Restr</li> <li>Fence</li> <li>Gated</li> <li>Not G</li> <li>No Lo</li> </ol>	arage (private home) nared Garage (i.e. apartment com ge: I marked "Parking Garage" please 24 hour Security Guard and Surve limited surveillance icted Access (Key Card) ed	plex) also mark all that apply below to the parking garage:
• I unders • I unders • I unders • I unders unless I e • I have re	stand that if I take m stand that coverage stand that my policy elect to remove this eviewed and unders	e is for equipment co by equipment to the o is worldwide except o has a LOCKED VEHIO warranty for an addit stand the above state	country of Mexico, there is an automa for countries with US Sanctions. CLE WARRANTY. This means that there tional 10% of my premium. ements. I certify that the information	es, liability insurance, or workers compensation coverage.  atic sub-limit (cap of coverage) of \$25,000 total.  e is no coverage for theft from an UNLOCKED vehicle  provided is true and accurate to the best of my deven void coverage in the event of a claim.
Signe	d for the Proposed Pol	icyholder	Signed by Licensed Agent	Agency Name and License Number
Date			Agent Phone Number	Agent E-mail Address



Agency Mailing Address