Red Shield Insurance Company®
1411 SW Morrison Street, Suite 400
Portland, OR 97205-1945
800-527-7397 • Fax 800-742-5176

SPORTS / CATERING EQUIPMENT APPLICATION

Clear Form

Policy #	Proposed Effective and Expiration Date From: To:	Status of Submission ☐ Quote ☐ Bind ☐ Issue	Agent Code
Applicant's Name		Agent Name	
Mailing Address		Agent Address	
		Agent Phone	
Applicant's Phone # Home:	Work: Cell:	Have you insured this account before? ☐ Yes ☐ No	
Applicant Social Security #	Applicant's Occupation / DBA	Billing Status ☐ Agency Bill ☐ Direct Bill (Direct Bill requires full premium or installment plan down payment)	
Years in Business	Years of Experience	Company Financing Requested? ☐ Yes ☐ No If YES, ☐ 8 Pay ☐ 10 Pay (20% down payment required)	
Type of Business ☐ Individual ☐ Corporation ☐ LLC/LLP ☐ Joint Venture ☐ Partnership ☐ Other			
Business Description:			
Accounting Records Name: Contact Phone:		Inspection Records Name: Contact Phone:	

SCHEDULED EQUIPMENT – SCHEDULE ANY ITEM VALUED AT $250 OR MORE

Description of Items (include Age, Make, Model)	Serial Number	Value

PLEASE PROVIDE THE FOLLOWING

What is the territory of operations?
Description of Operations/Caterers: ☐ Beverage/Pastry Cart ☐ Food Prep/Sales Any deep frying? ☐ Yes ☐ No
Description of Operations/Sports: ☐ Amateur ☐ School ☐ Church ☐ Civic/Community

TRANSPORTATION AND OFF-PREMISES INFORMATION

Mode of transportation: ☐ Common Carrier ☐ Rail ☐ Air ☐ Owned Vehicles		
If owned, provide vehicle/power unit, include security/protection (alarms):		
If air, is covered property in your personal custody in the passenger cabin? ☐ Yes ☐ No Describe		
Describe how equipment is normally transported, include special packaging, customized cases, and security precautions taken to protect equipment on location, off-site, and during transport:		
Average number of events per year:	Major cities/operating territory:	
Is equipment leased, rented, or loaned to others? ☐ Yes ☐ No ☐ Other Describe:		Estimated Income

Clear Form

Loc #	Address	Usage at Location	Year Built	Total Values at Risk
		☐ In use ☐ Not in use		
		☐ In use ☐ Not in use		

FOR EACH SCHEDULED LOCATION, PLEASE PROVIDE THE FOLLOWING (attach additional sheets for multiple locations)

Construction Type:		**Percentage Occupied:** %
Percentage of building that is sprinkled: %	**Type of System:** ☐ Wet ☐ Dry	
Other private fire protection (fire extinguishers, private water supply, etc)		
Number of Stories:	**Total Square Footage:**	**Public Protection Class:**
Ages / Updates: **Wiring:**	**Roof:**	**Plumbing:** **HVAC:**
Operating Alarms: ☐ Fire ☐ Burglary	**Number of Alarms:**	**Type of Alarm:** ☐ Central Station ☐ Local ☐ Police
If any locations are leased, who is responsible for building and system maintenance? ☐ Owner ☐ Insured		
Identify and describe other tenants' operations:		
Are any locations in a flood zone? ☐ Yes ☐ No **Zone:** **Precautions taken to control exposure:**		
Are any locations in an earthquake zone? ☐ Yes ☐ No **Zone:** **Precautions taken to control exposure:**		

COVERAGE INFORMATION

Scheduled Equipment:	**Blanket Miscellaneous (under $250, any one item):**
Leased/Rented/Borrowed, any one item:	**Leased/Rented/Borrowed, any one occurrence:**
Business Income:	**Waiting Period:** days
Rental Reimbursement:	**Waiting Period:** days
Deductible:	**Coinsurance:** ☐ 100% ☐ 90% ☐ 80% ☐ %
Valuation: ☐ ACV ☐ Replacement Cost	

PRIOR/CURRENT INSURANCE COMPANY INFORMATION

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? ☐ Yes ☐ No
If Yes, explain:
Explain any periods when insurance was not in place:
If coverage is currently in place, explain reasons for making a change:

PRIOR LOSS INFORMATION
(Include information for all losses, insured or uninsured that would be recoverable under this type of insurance occurring in the past 5 years)

Date of Loss	Carrier	Loss Amount	Open (O) Closed (C)	Description of Loss	Deductible	Amount Paid

ADDITIONAL REMARKS

ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED

ANY PERSON WHO KNOWINGLY AND WIT H INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN A PPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CO NTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR T HE PURPOSE OF MISLEADING INFORMATION CONCERNIN G ANY FAC T MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECT S THE PERSON TO CRIMINAL AND [NY: SUBST ANTIAL] CIVIL PENALTIES. (Not applicable in CO, D C, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT , ANY PERSON WHO KNOWINGL Y AND WIT H INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PER SON FILES AN APPLICAT ION FOR INSURANCE OR STATEMENT OF CLAIM CONT AINING ANY MATERIALLY FALSE INFORMATION, OR CONCEA LS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FAC T MATERIAL THERETO, MAY BE COMMITT ING A FR AUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A C RIME TO KNOWINGLY PROVIDE FALSE, INCOMPLE TE, OR MISLEADING INFORMA TION TO AN INSURANCE COMPANY FOR T HE PURPOSE OF DE FRAUDING THE COMPANY. PENALT IES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

RED SHIELD INSURANCE COMPANY, AT ITS OPTION, WILL VERIFY RISK LOSS EXPERIENCE

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, personal characteristics, finances, and mode of living. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producers ability, is confident that all information given is truthful and complete.

PRODUCER'S SIGNATURE _____ Date _____