



Red Shield Insurance Company[®]

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Portland, OR 97205-1945
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SPORTS / CATERING EQUIPMENT APPLICATION

Policy #	Proposed Effective and Expiration Date From: _____ To: _____	Status of Submission <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Social Security #	Applicant's Occupation / DBA	Billing Status <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)	
Years in Business	Years of Experience	Company Financing Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% down payment required)	
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> 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:	<input type="checkbox"/> Beverage/Pastry Cart <input type="checkbox"/> Food Prep/Sales Any deep frying? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Operations/Sports:	<input type="checkbox"/> Amateur <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Civic/Community

TRANSPORTATION AND OFF-PREMISES INFORMATION

Mode of transportation: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>to</u> others? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	Estimated Income
Describe:	

Loc #	Address	Usage at Location	Year Built	Total Values at Risk
		<input type="checkbox"/> In use <input type="checkbox"/> Not in use		
		<input type="checkbox"/> In use <input type="checkbox"/> 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: <input type="checkbox"/> Wet <input type="checkbox"/> 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: <input type="checkbox"/> Fire <input type="checkbox"/> Burglary		Number of Alarms:	Type of Alarm: <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> Police
If any locations are leased, who is responsible for building and system maintenance?		<input type="checkbox"/> Owner <input type="checkbox"/> Insured	
Identify and describe other tenants' operations:			
Are any locations in a flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Zone:	
Precautions taken to control exposure:			
Are any locations in an earthquake zone? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	Coinurance: <input type="checkbox"/> 100% <input type="checkbox"/> 90% <input type="checkbox"/> 80% <input type="checkbox"/> %
Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> 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 WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, 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 KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES 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 _____