

# 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

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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
- Replacement Cost Basis
- Maximum Limit \$750K (\$150K per item)
- Minimum Premium \$225

### Production and Entertainment Equipment

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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
- Replacement Cost Basis
- Maximum Limit \$750K (\$150K per item)
- Minimum Premium \$375

### Musical Instruments and Sound Equipment

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Musical Instruments, sound equipment, vintage musical instruments, similar personal property, office personal property, and other related musical equipment.

- Annual Coverage
- Amended Replacement Cost-Musical Instruments
- Maximum Limit \$750K (\$150K per item)
- Replacement Cost Basis-Non-Musical Instruments
- Classical Musicians & Musical Groups
- Minimum Premium \$200

### Short Term Rented Equipment

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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
- Replacement Cost Basis
- Maximum Limit \$500K (\$150K per item)
- Minimum Premium \$160

## Program Highlights

### The following highlights apply to all of our eligible equipment classes:

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- 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

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- Interior/Exterior Plate Glass Coverage
- Rented Equipment From Others
- Rental Reimbursement (if owned equipment)
- Rented Equipment To Others
- Work Tools and Clothing
- Voluntary Parting & False Pretense (if rented to others)
- Continuing Rental Fees (if rented equipment)
- Business Income and Extra Expense

# Application for Sports, Leisure and Entertainment Equipment Floater

**Part I Proposed Policyholder** *Please print or type*

- a. Full Legal Name of Proposed Policyholder** \_\_\_\_\_  
*(As it should appear on the insurance policy)*
- b. Mailing Address** \_\_\_\_\_  
Street City State Zip
- c. Contact Person** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_
- d. Please describe your business operations:** \_\_\_\_\_
- e. Have you ever had an equipment claim in the last 5 years?**  Yes  No  
**If yes, please describe all claims in detail (including date, payout & loss details):**  
**Claim #1:** \_\_\_\_\_  
**Claim #2:** \_\_\_\_\_  
**Claim #3:** \_\_\_\_\_
- f. Where do you store your equipment the majority of the time?:** \_\_\_\_\_  
**Does this location have an alarm system connected to an outside monitoring company?**  Yes  No
- g. Do you travel with your equipment outside the United States more than 5 times a year?**  Yes  No  
*(Note: coverage does not include travel to countries with US Sanctions)*
- h. Do you travel with your equipment to Mexico?**  Yes  No
- i. Does any of your equipment go underwater?**  Yes  No  
**If yes, is it in a waterproof or protective case?**  Yes  No

**Please complete either Part II for short term rented equipment OR Part III for all annual coverages**

**Part II Short-Term Coverage: Rented Equipment Only (No Automobiles) - 1 day to 11 months**

- a. Rented Equipment from Others Limit:** \$ \_\_\_\_\_  
*(Replacement value, including sales tax, of all equipment being rented)*
- b. Rental Pick Up Date** \_\_\_\_\_ **Rental Return Date** \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)
- c. Description of equipment being rented** \_\_\_\_\_
- d. Continuing Rental Fees Coverage (OPTIONAL - please select one)**  None  \$2,500  \$5,000  
*(If you have a covered claim, this coverage reimburses your rental company for loss of rental income during your claim handling. This coverage has a 72 hour waiting period from the time the claim is reported in writing to the insurance agent or carrier)*

**Part III Annual Coverage: All Eligible Coverages and Options Available (No Automobiles)**

- a. Please Complete. At least one limit below is required.**

Equipment Type	Replacement Value (including sales tax)	Description of Equipment
Owned Production Equipment		
Owned Sports, Leisure & Recreational Equipment		
Owned Musical Instruments & Sound Equipment		
Business Personal Property		
Tenant Betterments & Improvements		
Rented Equipment From Others (maximum value at any one time)		

- b. 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)?** \$ \_\_\_\_\_
- c. Would you like to add coverage for Voluntary Parting and False Pretense?**  Yes  No  
*(this covers your equipment if the person/company renting or borrowing your equipment never returns it)*  
**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

# Application for Sports, Leisure and Entertainment Equipment Floater

## Part III Annual Coverage Continued

d. For equipment you own, is any single item valued at \$5,001 or more (replacement cost including sales tax)?  Yes  No

If yes, please complete the below and include all items \$5,001 or more.

(Owned items that are valued at \$5,001 or more that are not scheduled will not be covered under the policy.)  
(Please include a separate sheet of paper if you have more items to schedule.)

Make	Model	Serial Number	Replacement Cost (including sales tax)

e. 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

f. Continuing Rental Fees Coverage - only available with Rented Equipment from Others Coverage (please select one)

(If you have a covered claim, this coverage reimburses your rental company for loss of rental income during your claim handling. This coverage has a 72 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

g. 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

h. Interior/Exterior Plate Glass Coverage

None  \$5,000

j. Business Income and Extra Expense (other than rental value)

(If you have a covered claim, this coverage reimburses you after the waiting period for loss of income and expenses to keep your business running such as rent on another location. This coverage is location specific.)

None  Limit Requested \$ \_\_\_\_\_ Maximum Limit \$50,000

Please schedule the location(s) for the requested Business Income Coverage (description, location address, city, state, zip):

Location 1: \_\_\_\_\_

Location 2: \_\_\_\_\_

\_\_\_\_\_ (Please read and initial) A business continuation plan must be received in order to bind this coverage.

\_\_\_\_\_ (Please read and initial) A 72 hour waiting period applies for Business Income and Extra Expense Coverage. In the states of AL, CT, DE, FL, GA, LA MA, MD, ME, MS, NH, NJ, NY, NC, RI, SC, TX, and VA, the waiting period is increased to 120 hours

i. Locked Vehicle Warranty - The policy has a Locked Vehicle Warranty, which states there is NO coverage for equipment stolen from an Unlocked vehicle. Do you want to remove this warranty and thus add back coverage for equipment stolen from an unlocked vehicle for an additional 10% charge?  Yes  No

## Part IV Disclaimers & Signature

- I understand that this quote is for equipment coverage and does not apply to vehicles, liability insurance, or workers compensation coverage.
- I understand that if I take my equipment to the country of Mexico, there is an automatic sub-limit (cap of coverage) of \$25,000 total.
- I understand that coverage is worldwide except for countries with US Sanctions.
- I understand that my policy has a LOCKED VEHICLE WARRANTY. This means that there is no coverage for theft from an UNLOCKED vehicle unless I elect to remove this warranty for an additional 10% of my premium.
- I have reviewed and understand the above statements. I certify that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may affect my coverage and even void coverage in the event of a claim.

\_\_\_\_\_  
Signed for the Proposed Policyholder

\_\_\_\_\_  
Signed by Licensed Agent

\_\_\_\_\_  
Agency Name and License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Phone Number

\_\_\_\_\_  
Agent E-mail Address

\_\_\_\_\_  
Agency Mailing Address



**WORLD EVENTS INSURANCE SOLUTIONS**

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