



Governor Insurance Agency, Inc.
972 Youngstown-Kingsville Rd. SE
Vienna, OH 44473
333.539.9999 • 1.800.843.5522
info@governorins.com

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



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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 _____
 (mm/dd/yyyy)

d. Continuing Rental Fees Coverage (OPTIONAL - please select one)

\$2,500 \$5,000 None

(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 Yes No

for damages or theft to your equipment being rented?



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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)

- \$2,500 \$5,000 \$10,000 \$25,000 None

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

- \$5,000 None

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



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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