



RAINPROTECTION INSURANCE®

WHERE YOUR EVENT GETS INSURED

Tel: (800)528-7975

Fax: (800)913-2711

sales@rainprotection.net

www.Rainprotection.net

Equipment Insurance Enrollment Form - Short Term

Policyholders Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Phone Number: _____

Are you aware of any known or potential equipment losses or claims as of today?

Yes No

If yes, please describe:

Please describe all the owned equipment/inventory you wish to insure:



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If any one single item you own is over \$5,000, please provide the make, model, serial number and replacement cost:

Make	Model	Serial Number	Replacement Cost
1)			\$
2)			\$
3)			\$
4)			\$
5)			\$

Please describe your business operations:

Effective Date (start date) of policy mm/dd/yyyy: ___ / ___ / ____

Expiration Date (end date) of policy mm/dd/yyyy: ___ / ___ / ____



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PLEASE SELECT AND COMPLETE ONLY ONE OPTION BELOW:

Option #1: Coverage for 1 to 15 Days - Deductible per claim: \$250

Limit	Total Price
\$3,000	\$120 (\$77 premium + \$43 fee)
\$5,000	\$175 (\$133 premium + \$42 fee)
\$10,000	\$295 (\$255 premium + \$40 fee)
\$25,000	\$655 (\$612 premium + \$43 fee)
\$50,000	\$1,215 (\$1,173 premium + \$42 fee)

Price Subtotal (from above choice): _____

Option #2: Coverage for 15 to 30 days - Deductible per claim: \$250

Limit	Total Price
\$3,000	\$153 (\$110 premium + \$43 fee)
\$5,000	\$235 (\$194 premium + \$41 fee)
\$10,000	\$420 (\$377 premium + \$43 fee)
\$25,000	\$960 (\$918 premium + \$42 fee)
\$50,000	\$1,825 (\$1,785 premium + \$40 fee)

Price Subtotal (from above choice): _____

Option #3: Coverage for more than 30 Days - Deductible per claim: \$250.00

Please calculate your premium below: (Please do not use cents. Round to the nearest dollar)

\$ _____ x 0.02805..... = \$ _____ PREMIUM SUBTOTAL
 (Replacement Value of Equipment)



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SURCHARGES & OPTIONAL COVERAGE

Do you want to cover any rented or borrowed equipment? (Equipment must be related to your business)

If NO, please skip to the next question.

If YES, please add the below to your Premium Subtotal:

\$	x	\$0.000816 = \$	x # of days =	= \$	
Maximum Replacement Cost Of All Equipment Being Rented/Borrowed			Including Pick up & Return Dates		Rented Equipment Premium

\$	+	\$	=	= \$	
Rented Equipment Premium		Premium Subtotal From Page 1			PREMIUM SUBTOTAL

Will any of your equipment/inventory include Clothing, Computers and Electronics, Comic Books, Video Games, Watches, Wine or Craft Beer, Liquor? Yes No

If NO, please skip to the next question.

If YES, please include the surcharge calculation below:

\$	x 1.15	= \$	
(Premium Subtotal)			(NEW Premium Subtotal)



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Deductible increase to \$5,000 for WIND, HAIL, OR FLOOD:

For applicants with mailing addresses in the following counties below, a \$5,000 deductible will apply for Wind, Hail, or Flood. All other mailing addresses will apply to a \$250 deductible.

ALABAMA: Baldwin, Mobile, Covington, Escambia, Geneva, Houston, Washington, Clarke, Monroe, Coffee, Dale, Henry, Conecuh FLORIDA: Dade, Broward, Charlotte, Collier, Lee, Martin, Monroe, Palm Beach, Bay, Brevard, Citrus, Dixie, Duval, Escambia, Flagler, Franklin, Gulf, Hernando, Hillsborough, Indian River, Jefferson, Lee, Levy, Manatee, Nassau, Okaloosa, Pasco, Pinellas, Santa Rosa, Sarasota, St. Johns, St. Lucie, Taylor, Volusia, Walton, Wakulla. All other counties in Florida.

GEORGIA: Bryan, Camden, Chatham, Glynn, Grady Liberty, McIntosh, Brantley, Brooks, Charlton, Clinch, Decatur, Echols, Effingham, Long, Lowndes, Pierce, Seminole, Thomas, Ware, Wayne LOUISIANA: Acadia, Assumption, Calcasieu, Cameron, Iberia, Jefferson, Jefferson Davis, Lafayette, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Mary, St. Martin, Terrebonne, Vermillion, Allen, Ascension, Beauregard, East Baton Rouge, East Feliciana, Evangeline, Iberville, Livingston, Pointe Coupe, St. Helena, St. Landry, St. Tammany, Tangipahoa, Washington, West Baton Rouge, West Feliciana.

MISSISSIPPI: Hancock, Harrison, Jackson, George, Pearl River, Stone, Greene, Perry, Forrest, Lamar, Marion, Walthall, Pike, Amite, Wilkinson.

NORTH CAROLINA: Beaufort, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Hyde, Jones, New Hanover, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Tyrrell, Washington, Bertie, Bladen, Columbus, Duplin Gates, Greene, Hertford, Lenoir, Martin, Pitt.

SOUTH CAROLINA: Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, Jasper, Marion, Williamsburg, Dillon, Florence, Hampton.

TEXAS: Aransas, Brazoria, Calhoun, Cameron, Chambers, Galveston, Harris, Jackson, Jefferson, Kennedy, Kleberg, Matagorda, Nueces, Refugio, San Patricio, Willacy, Bee Brooks, Fort Bend, Goliad, Hardin, Hidalgo, Jasper, Jim Wells, Liberty, Live Oak, Newton, Orange, Victoria, Wharton.

VIRGINIA: Accomack, Charles City, Gloucester, Isle of Wight, James City, Lancaster, Matthew's, Middlesex, New Kent, Northampton, Northumberland, Prince George, Southampton, Sussex, Westmoreland, York and the independent cities of Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach and Williamsburg East of Highway 17 North to Interstate 64 to Chesapeake Bay Bridge, Remainder of Virginia - Within 1000 feet of any ocean, bay or gulf.



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FINAL PREMIUM & PAYMENT

FINAL PREMIUM (including all optional coverages or surcharges).....= \$

I understand that the following is excluded and not covered in the policy:

Jewelry, Fine Arts, Cell Phones, Coins, Stamps, Sports and Memorabilia Collectables, Furs, Bullions, securities, Any type of Food or Beverages (except for wine, craft beer or liquor), Guns and Ammo, Fireworks, and Antique vendors. Chemicals, Fertilizers, Pharmaceuticals, Vitamins and supplements, Pesticides, Motor Vehicles, Boats, ATVs, recreational vehicles, Watercrafts, Aircraft including drones and remote control helicopters, and Tractors.

I acknowledge these Exclusions.

_____ Initials

By signing this application, I understand that I have completed this form to the best of my knowledge. I also understand that any misrepresentations on this application can result in coverage being voided

Applicant Name: _____

Date (mm/dd/yyyy): _____

CREDIT CARD FORM IS ON THE NEXT PAGE



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CREDIT CARD PAYMENT AUTHORIZATION FORM

(Note: Due to the carrier needing to receive full payment, a 4% credit card processing fee will be added to your charge)

I _____ Authorize Roca Services Corp. (dba – Rainprotection.net) or it's affiliate to charge my credit card.

AMOUNT TO BE CHARGED: _____

CREDIT CARD TYPE: _____

CREDIT CARD #: _____

CARD CV2 #: _____

EXPIRATION DATE (mm/yyyy): _____

BILLING ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE: _____

NAME ON THE CARD: _____

EMAIL ADDRESS: _____

Signature of Applicant

Date

I am the application and I choose to use an Electronic Signature by clicking: ___ Yes