

# Insurance Technologies and Programs

A Division of Air Capital Insurance, LLC

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## Property Coverage for Rented Equipment

Name of Insured (Sponsoring Organization): \_\_\_\_\_

Address: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Dates of Coverage: From: \_\_\_\_\_ To: \_\_\_\_\_

Equipment to be covered:

Description (Golf Carts, Radios, etc)

Replacement Value

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

If Similar Coverage has been carried in the past, have there been any losses?

Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_