

OPTIONAL COVERAGES:

4. Rented Equipment TO Others

(If you Answered "No" in Question #2, please skip to question #5. If you Answered "Yes" in Question #2, please answer this question.)

Replacement Value of Equipment Rented Out to Others: \$ _____

5. Rental Reimbursement Coverage (Please list the estimated rental fee amount) \$ _____

(If you have a covered claim, this coverage reimburses your rental fees for equipment rented to continue your business operations.)

6. Continuing Rental Fees 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 time deductible from the time the claim is reported in writing to the insurance agent or carrier.)

\$2,500 (+\$35 premium) \$5,000 (+\$65 premium) \$10,000 (+\$115 premium) \$25,000 (+\$200 premium)

7. Work Tools and Clothing (Please select one listed as "per occurrence/per employee")

(This coverage is a separate coverage limit for work related tools and clothing, such as work uniforms.)

\$1,000 /\$250 (+\$50 premium) \$5,000/\$500 (+\$100 premium) \$10,000/\$1,000 (+\$150 premium)

8. 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

DISCLAIMER & SIGNATURE

- I understand that this coverage does not apply to vehicles, liability insurance, or workers compensation coverage. This quote is only for Equipment 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 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.

Applicant Signature

Date



K2 Insurance

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