

Add or Renew Equipment Coverage

Equipment Application

Policy Holder Name: (School Name)

Mailing Address:(School Address)

Contact name: (Contact)

Contact phone number: (Phone)

Effective Date: (Date the coverage is to start)

\* Any Previous Equipment Coverage Losses in past 3 years?   **NO**

\* Currently have quote from one Beacon already: **NO**

\* Locked Vehicle Warranty apply?  **YES**

\*Deductible: **$250**

\* Limit of Owned or Annually Leased Equipment Coverage and Premium: (Enter Coverage Amount and Premium)

\* Glass? (Glass is not automatically included. Cost is $50 for a $5000 limit. $250 deductible still applies)

\* Business Income/Extra Expense (including Rental Value) ($50,000 limit - $125 premium)

**Please charge the premium to this card:** (Card #, Exp Date & CVS)

**Please draft premium using this bank information:** (Bank name, zip code and routing number and insured’s checking account number)