

# USA Softball

AN RPS SIGNATURE PROGRAM

## Equipment Insurance Plan

Under the equipment insurance plan, the equipment owned by the league or association is protected against loss, including fire and theft. Coverage applies up to the full replacement cost value of each piece of equipment (subject to the policy limits).

Limit: Replacement cost value of your equipment

Deductible: \$500 per claim, rate .015  
\$1,000 per claim, rate .014

Minimum premium: \$100

To calculate the premium for the \$500 deductible, multiply the value of the equipment by .0150 (subject to a minimum premium of \$100) or call RPS for a quote.

Examples:

1. \$5,000 policy limit  $\times$  .0150 = \$ 75.00 (Cost of policy subject to \$100.00 minimum premium)
2. \$25,000 policy limit  $\times$  .0158 = \$375.00

A completed inventory list (including each item type and its replacement cost value) must accompany this application in order for coverage to be bound. Please provide a detailed description (name, make, style or model, and serial number, if applicable) of all individual items over \$2,500 in value.

No coverage applies to items of equipment that are loaned or given out to players, volunteers, coaches or others.

Standard exclusions on this policy include unexplained disappearance, wear and tear, inventory shortage, loss of money or securities, and flood. All equipment must be insured to its full replacement cost value.

### OFFICE LOCATION

200 Jefferson Park, Whippany, NJ 07981

Phone: 800.446.5311 | Fax: 973.921.8474

[RPSins.com/SignaturePrograms](https://RPSins.com/SignaturePrograms)

### Additional Insurance Information

These plans may be purchased by teams, leagues, chapters, clubs or local sports organizations. Note: Sports associations that are regional, statewide or national in scope must be individually underwritten and priced. Please contact RPS Signature Programs for more information.

To apply for coverage under this program, please complete the enrollment and equipment inventory forms, and mail or email them to RPS. Or you can purchase the coverage with a credit card from our website, [RPSBollinger.com](https://RPSBollinger.com).

For equipment policies, you must submit an inventory list of all equipment insured, along with your enrollment form and premium.

### Insurance Company Underwriters

The equipment policy is underwritten by Markel Insurance Company, Glen Allen, VA. Markel is rated "A" (Excellent) by A.M. Best.

Contact us at [SportService@RPSins.com](mailto:SportService@RPSins.com).

RPS is a licensed agent in all 50 states. Certain state insurance departments require that we post our license number on this flyer. Our California license number is 0274666. Our Florida license number is A296305.

# Enrollment Form: Equipment Plan

Association/league name: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Must be an officer of the league or association)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Nature of operations: \_\_\_\_\_

Where is the equipment stored when not in use? \_\_\_\_\_

How is the storage area secured? \_\_\_\_\_

Who has access to the storage area? \_\_\_\_\_

How often is equipment replaced? \_\_\_\_\_

This enrollment form is for:

New coverage

Renewal coverage

**Verification:** By signing this enrollment form, I hereby verify that all information provided is true and correct.

Signature of league/association officer: \_\_\_\_\_

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

Please fill out the information and add the premium.

**Equip. premium:** \$ \_\_\_\_\_ x .0150 = \$ \_\_\_\_\_ (\$500 deductible)  
Total Value of Equip. (round to nearest whole dollar) Total Premium

**Equip. premium:** \$ \_\_\_\_\_ x .0140 = \$ \_\_\_\_\_ (\$1,000 deductible)  
Total Value of Equip. (round to nearest whole dollar) Total Premium

Equipment coverage is subject to a \$100 minimum premium per policy. Please include an inventory list of all items insured, along with their replacement cost value.

**Note:** If you are a resident of New Jersey, Florida or Kentucky, please be advised that state surcharges and/or taxes may apply. An invoice for any applicable surcharges will be included with your policy.

**Binding may be restricted at the company's discretion for specified areas due to a pending or active catastrophe pursuant to the company's underwriting guidelines.**

## How to apply for insurance:

- Online at [RPSBollinger.com](http://RPSBollinger.com). An invoice will be sent regular mail to the address you provide to be paid to the carrier directly.
- Mail the completed application to RPS Bollinger, PO Box 1322, Morristown, NJ 07960
- Email the completed application to [SportService@rpsins.com](mailto:SportService@rpsins.com)

This application provides a summary of available insurance. It is not an insurance policy. Please see the actual insurance policy with the declarations pages and endorsement for a complete recitation of the terms, conditions and exclusions of the insurance policy. This policy is subject to the laws of the jurisdiction in which it is issued.



# Equipment Inventory

Association name: \_\_\_\_\_

Multiply the quantity and replacement value per item for total value of item.

Manufacturer Model/Serial No.*	Description	x	Quantity	Replacement Value per Item	=	Total Value

Total value: \_\_\_\_\_

\*Required for all items valued at \$2,500 or more.

To calculate the premium, multiply the total replacement cost times the rate and round off the cents to the nearest dollar.

