

**REQUEST FOR EQUIPMENT RENTAL INSURANCE**

NAME OF STUDENT PRODUCER \_\_\_\_\_

VENDOR NAME \_\_\_\_\_

VENDOR ADDRESS \_\_\_\_\_

\_\_\_\_\_

VENDOR TELEPHONE NUMBER \_\_\_\_\_

VENDOR EMAIL ADDRESS \_\_\_\_\_

VENDOR FAX NUMBER \_\_\_\_\_

DATES OF RENTAL (Include days picked up and dropped off) \_\_\_\_\_

**ATTACH LIST OF EQUIPMENT WITH VALUES OF EACH PIECE**

The premium will be calculated according to the value of the equipment and the duration of the rental. A credit card payment for the premium will be required prior to binding insurance on the equipment.