

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.