

**Contents/Equipment/Inland Marine Coverage**

**School/Policy Holder Name:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

Coverage is available for miscellaneous property and equipment:  
A schedule of items with a value of \$5000.00 or more must be listed on our separate application form.

**Policy Deductible: \$250.00**

<b>Schedule Limit:</b>	<b>Premium/Taxes/Fees:</b>
\$25,000.00 (Max. Limit is \$25,000.00 any one item, \$25,000.00 any one schedule)	\$730.00
\$20,000.00 (Max. Limit is \$20,000.00 any one item, \$20,000.00 any one schedule)	\$590.00
\$15,000.00 (Max. Limit is \$15,000.00 any one item, \$15,000.00 any one schedule)	\$455.00
\$10,000.00 (Max. Limit is \$10,000.00 any one item, \$10,000.00 any one schedule)	\$315.00
\$5,000.00 (Max. Limit is \$5,000.00 any one item, \$5,000.00 any one schedule)	\$265.00

**Contents/equipment/Inland Marine Exclusions:**

Damage to automobiles or similar conveyances, Theft by Employees, Damage to Fine Arts or Jewelry, Plate Glass, or damage via Flood or Surface Water, Unexplained Disappearance, damage by Wear & Tear, damage by Insects or Vermin, or damage via Rust or Corrosion and equipment taken from an unlocked vehicle **IS NOT COVERED**  
(Above prices include a \$40.00 processing fee)

- Note:** 1- Coverage can only be purchased at the time of liability coverage purchase.  
2- Coverage expires on the same date of liability coverage expiration.  
3- Once purchased, premium is fully earned. There will be no pro-ration or refund of any kind if policyholder decides to cancel coverage.

<b>Policyholder Name:</b> _____
<b>Mailing Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Telephone:</b> _____ <b>Email:</b> _____
<b>Any previous losses over \$5,000.00 in the last 3 years?</b> Yes No
<b>Do you currently have a quote already?</b> Yes No <b>Deductible Amount:</b> \$ _____
<b>Maximum Coverage Limit:</b> \$ _____ <b>Effective Date:</b> _____ <b>Expiration Date</b> _____
<b>Item Location Address:</b> _____ <b>Zip:</b> _____
<b>Coverage Limit:</b> \$ _____ <b>Total Premium:</b> \$ _____

<b>Loss Payee:</b> _____
<b>Mailing Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____

<b>PREMIUM PAYMENT MUST BE MADE IN FULL</b>	
<b>CREDIT CARDS ACCEPTED: MASTERCARD VISA or DISCOVER</b>	
<b>Credit Card #</b> _____	<b>Expires:</b> _____ <b>3 Digit Sec Code:</b> _____
<b>Credit Cards Billing Street Address:</b> _____	<b>Billing Zip:</b> _____
<b>Amount Of Charge:</b> \$ _____	<b>Name on Card:</b> _____
<b>Authorized Signature:</b> _____	

**Make all checks and money orders payable to Martial Arts Group, Inc.  
(OVER)**

**Schedule of Contents on Back**

**Contents/Equipment/Inland Marine Coverage**  
**Item Schedule**

Policyholder Name: \_\_\_\_\_

Policyholder Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Address of Insured Location (if different from mailing)

\_\_\_\_\_

\_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Coverage Limit Amount: \$ \_\_\_\_\_

Item Schedule (only list items to be covered with a value of \$5,000.00 or more)

<b><u>ITEM</u></b>	<b><u>DESCRIPTION &amp; SERIAL NO.</u></b>	<b><u>VALUE</u></b>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____
10. _____	_____	\$ _____

**I certify that the above item list is true and accurate as of the effective date indicated.**

**Policyholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only

Coverage Limit: \$ \_\_\_\_\_ Total Premium: \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_