

# California Federation of Mineralogical Societies

## Change Request for Premises Liability and/or Property Coverages

Please fully complete a separate form for each location and mail request and check, payable to McDaniel Insurance Services. Mail to McDaniel Insurance Services, PO Box 1294, Ojai, CA 93024.

Legal Name of Club: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Telephone: (day:) \_\_\_\_\_ (evening:) \_\_\_\_\_ email: \_\_\_\_\_

Date request was: faxed \_\_\_\_\_ OR mailed \_\_\_\_\_ OR e-mailed \_\_\_\_\_

**Important Notes:** 1) This application does not guarantee coverage; coverage is subject to underwriting approval;

2) these rates are subject to change; actual rates will be determined by Chubb, and 3) an additional processing fee may apply.

**Address/location of property (Must currently be listed as a location on the policy. New locations must be added using the form "Request for Premises Liability and/or Property Coverages"):**

**If your club does not own the property, has the name/address of the owner changed? (If so, note the change.)** \_\_\_\_\_

**Premises Liability:** If you have any of the below, coverage is **REQUIRED**.

**Buildings:** indicate if you:

own  rent  have a space provided for your exclusive use

What is the total square footage of area you occupy: \_\_\_\_\_ x 0.50 = \$ \_\_\_\_\_

**Land: If more than 1/4 acre, also complete a Land Questionnaire.**

own  lease/rent or  manage Number of acres: \_\_\_\_\_ x 0.95 = \$ \_\_\_\_\_

**Easements or Claims:** Number of Acres: \_\_\_\_\_ x 0.33 = \$ \_\_\_\_\_

**Property Coverages** (fire, theft, etc.; building and/or contents, \$1,000 deductible), optional:

Owned building or other structure(s): (replacement value) \$ \_\_\_\_\_ x .009 = \$ \_\_\_\_\_

Office contents/lapidary equipment/etc. (replacement value):

Furniture, equipment, supplies, other than below \$ \_\_\_\_\_

Stock for sale (wholesale cost)..... \$ \_\_\_\_\_

Type of merchandise: \_\_\_\_\_

Lapidary equipment..... \$ \_\_\_\_\_

Total of above 3 categories..... \$ \_\_\_\_\_ x .007 = \$ \_\_\_\_\_

Computers (hardware & software): \$ \_\_\_\_\_ x .009 = \$ \_\_\_\_\_

(Minimum of \$40.00) Subtotal \$ \_\_\_\_\_

Less Discount \$ \_\_\_\_\_

**If "Total Due" is more than \$1300,**

**Email (or fax) to McDaniel Insurance Services for discount.**

**Total Due** \$ \_\_\_\_\_

**Signature of person completing the form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

*McDaniel Insurance Services*

206 N. Signal Street, Suite O, PO Box 1294, Ojai, CA 93024

(805) 646-9948 (800) 400-7288 Fax: (805) 646-9976 [mcins@west.net](mailto:mcins@west.net) DOI #0820481