

California Federation of Mineralogical Societies

Change Request for Premises Liability and/or Property Coverages

Currently insured locations only!

To add premises liability or property coverage at a NEW location use form:
"Request for Premises Liability and/or Property Coverages".

Complete a separate form for each location with changes. Please mail this form and a check payable to McDaniel Insurance Services LLC, PO Box 1294, Ojai, CA 93024.

Legal Name of Club: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone: day: _____ eve: _____ e-mail: _____

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.

Premises Liability Changes: (This must be a currently covered location on the policy to use this form.)

The legal and complete address/location of the premises: _____

If your club does not own the premises, has the name/address of the owner changed? If so, please note the change(s): _____

Buildings: Please indicate if you:

own rent have a space provided for your exclusive use

What is the total square footage of area you occupy: _____ x 0.52 = \$ _____

Land: For changes of more than ¼ acre, also complete a "Land Questionnaire"

own lease/rent manage Number of acres: _____ x 0.97 = \$ _____

Easement or Claim Changes: Number of Acres: _____ x 0.34 = \$ _____

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

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

Contents: (lapidary equipment/etc.; replacement values):

1. Furniture, equipment, supplies, other than below \$ _____

2. Stock for sale (wholesale cost)..... \$ _____

Type of merchandise: _____

3. Lapidary equipment..... \$ _____

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

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

Subtotal \$ _____

If "Total Due" is more than \$1,300, email McDaniel Insurance Services for discount.

(Minimum of \$40.00) Total Due \$ _____

Signature of person completing the form: _____ Date: _____

Printed name: _____ Title: _____

McDaniel Insurance Services LLC

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 CA DOI Lic. # 0K28791