California Federation of Mineralogical Societies

Request for Premises Liability and/or Property Coverages

Provided by the Chubb Group of Insurance Companies

For the policy year October 16th to October 16th

Mid-term additions will be prorated. Send form for pricing.

Please fully complete a separate form for each location or structure.

Legal Name of Club:			
Contact Name:	Title:		
Mailing Address:			
City, State, Zip: Telephone: (day:)			
Telephone: (day:)	(evening:)	email:	
Date request was: faxed	OR mailed	OR e-	mailed
Important Notes: 1) This application	does not guarantee coverage; cove	rage subject to underwrite	iting approval, fees included.
Address/location of property:			
Address/location of property: If your club does not own the p	premises, what is the name/	address of owner?	
Describe use of leastion you as			
Describe use of location you or Do you occupy the entire building	$x^2 \square y^2 \square y^2 \square y^2$	types of husinesses	or others occupy the
building?		types of busilesses	of others occupy the
building? Construction:		at is the square root \Box	ige you occupy?
Do you have: Deadbolt locks or			
Smoke alarms? Dyes Dno Lo			
Any other protection devices?	-	-	
Type of roof:	Type of heating:		Number of stories:
Approximate year built: If	Type of nearing	see nage ? Inside	\square Outside \square City limits
Does the premises have fencing			
	e information (type, height, l		
PREMISES Liability: If you ha	ave any of the three premises	exposures below, c	overage is REQUIRED.
Buildings: indicate if you: L	ist area. 50 SQ FT is the requ	uired minimum.	
	have a space provided for you		
1	ootage of area you occupy:		
Land: If more than ¹ / ₄ acre, als			
	I manage Number of Acres		
Easements or Mining Claims	S: Number of Acres	:	
PROPERTY Coverages (fire, t	heft, etc.: building and/or co	ntents): List values.	
Owned building/other structu	-		
Business Personal Property (· •		ers (\$1,000 deductible)
1. Furniture, equipment, supplie		-	
2. Stock for sale (wholesale cos	· •		
TYPE OF MERCHANDISE:			
3. Lapidary equipment (replace	ment cost)	\$	
Total of above 3 categories (B	Susiness Personal Property)	\$	
Computers (hardware & softw	rare), \$1,000 deductible	.\$	
Signature of person completing	g the form:		Date:
Printed name:		Title:	
McDaniel Insur	ance Services LLC CA e O, PO Box 1294, Ojai, CA 930	DOI Lic # 0K28791	

SUPPLEMENTAL INFORMATION QUESTIONNAIRE for Buildings & Building Spaces

Building address

BUILDING UPGRADES

<u>Note:</u>	If the building is over 25 years old , list the <u>dates</u> and <u>details</u> of the upgrades for:
Electrical:	
Roofing:	
Heating:	
U	

Viewing the building from the street (see below for tips on answering):

What type of structure is to the right?	
How far is it to this structure?	
What type of structure is to the left?	
How far is it to this structure?	
What type of structure is behind it?	
How far is it to this structure?	
What type of structure is in front of it?	
How far is it to this structure?	

Examples of how to answer the above:

Type of structure: single family dwelling, apartment building, department store, automotive garage, etc.

How far is it to this structure? If it is more than 20' to the next structure (if any) in the direction in question, note if there is a street, alley, park, vacant lot, forest, desert, etc., in this direction.

