

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 10-16-06 to 10-16-07)

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; 3) an additional processing fee may apply.

Address/location of property: _____

If your club does not own the property, what is the name/address of owner? _____

Describe use of location you occupy: _____

Do you occupy the entire building? _____ If not, what types of businesses or other occupants occupy the building? _____ What is the square footage you occupy? _____

Construction: [] wood/wood frame [] wood/stucco [] masonry [] other _____

Do you have: Dead bolt locks on all doors? _____ Central station alarm? _____ Smoke alarms? _____

Local fire alarm? _____ Is the building "sprinklered"? _____ Any other protection devices? _____

Distance to fire hydrant: _____ Type of heating: _____ Number of stories: _____

Approximate year built: _____ If the building is over 25 years old, please complete BUILDING UPGRADES on page two.

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 \$0.40 = \$ _____

Land: Number of acres: _____ [] own [] lease/rent [] manage x \$0.70 = \$ _____

(Note: if more than 1/4 acre, please complete a Land Questionnaire.)

[] Easements or [] Mining Claims Number of acres: _____ x \$0.24 = \$ _____

Property Coverages (fire, theft, etc.; building(s) and/or contents):

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 \$.005 = \$ _____

Computers (hardware & software): \$ _____ x \$.008 = \$ _____

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

If "Total Due" is more than \$1200, see other side for discount. Discounted Total \$ _____

----- PLEASE CONTINUE AND COMPLETE PAGE TWO -----

Signature of person completing the form: _____ Date: _____

Printed name: _____ Title: _____

McDaniel Insurance Services, DOI #0820481 mcins@west.net

206 N. Signal Street, Suite O, PO Box 1294, Ojai, CA 93024 (805) 646-9948; Fax (805) 646-9976

