

California Federation of Mineralogical Societies

Change Request for Premises Liability and/or Property Coverages

(for the policy year 10-16-07 through 10-16-08)

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), optional:

Owned building or other structure(s): (replacement value) \$ _____ x .008 = \$ _____

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) Subtotal \$ _____

If "Total Due" is more than \$1500, see other side for discount. Less 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 DOI #0820481

DISCOUNT FOR CLUBS/SOCIETIES WITH “TOTAL COST” OVER \$1500:

Total Cost = _____

-\$ 1500

Cost above \$1500 = _____

Divide by 10 = _____

This is the discount that you can subtract from the cost.

Discounted Cost _____

This is your final cost.

SAMPLE:

Total Cost = \$4000

- 1500

Cost above \$1500 = \$2500

Divide by 10 \$250

Discounted Cost \$3750