

APPLICATION FOR NRPA-SPONSORED EQUIPMENT INSURANCE



**National Recreation
and Park Association**

Complete all information requested below. Please print clearly.

A. YOUR INFORMATION

Name of Insured _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip _____
 Telephone: Day (_____) _____ Evening (_____) _____
 Fax (_____) _____ E-mail _____

B. YOUR NRPA MEMBERSHIP INFORMATION

(Be sure to provide this information. Your application cannot be processed without it.)

Name of Organization (mandatory) _____
 Current NRPA Membership Number (if unknown, please call 1-800-626-NRPA) _____

NRPA MEMBERSHIP IS REQUIRED FOR THIS COVERAGE.

C. LOCATION OF EQUIPMENT STORAGE

List addresses where equipment and contents are stored:

D. INVENTORY

Item Description	Total Value
Sports Equipment (such as balls, uniforms, pads, helmets, netting, etc.)	
Field Maintenance Equipment (such as lawnmowers, grooming equipment, etc.)	
Concession Stand Equipment, excluding products (such as popcorn, hot dogs and soda machines)	
Portable Storage Units (not permanent structures)	
Misc. Equipment (please describe)	
Total Replacement Cost Value (TRCV) \$ _____ x Rate _____ 0.026 (greater than \$10,000 value) or 0.03 (\$10,000 and under value) = Premium \$ _____ (or \$100.00, whichever is greater)	
Florida Accounts ONLY: Calculated Premium (above): \$ _____ x .013 (Florida State Hurricane Tax) = Total Premium \$ _____	
TOTAL PREMIUM \$ _____	

IMPORTANT APPLICATION INSTRUCTIONS:

Complete and return this application with a check for your premium payment, *made payable to the program administrator*:

Affinity Insurance Services, Inc. Use postage-paid envelope provided or mail to:

Affinity Insurance Services, Inc., National Recreation and Park Association Program,

P.O. Box 392055, Pittsburgh, PA 15251-9055

Affinity Insurance Services Inc. (800) 722-5676, www.nrpainsurance.com Fax: (877) 752-4415 Email: info@nrpainsurance.com