

SHORT TERM EQUIPMENT FORM

1. **Please note:** There is a **\$250 deductible per loss** on this policy.

2. Dates of Insurance: FROM: _____ TO: _____

3. Transit Coverage - FROM: _____ TO: _____

Transported by: _____

4. Department/School: _____

Contact Name: _____

Dept. Address: _____

Phone #: _____

5. Dept. Billing Code: _____

6. Total Value to be Insured: _____

7. Attach a Short Term Art Form for all Art Exhibits.

List of equipment. Please list below each item to be insured, with a current replacement value for each individual item or component.

<u>Qty.</u>	<u>Description of Item</u>	<u>Serial No</u>	<u>Value</u>	<u>Location of Equipment</u>
-------------	----------------------------	------------------	--------------	------------------------------

RETURN COMPLETED FORM TO:

RMAS – Insurance Department
1350 Massachusetts Avenue – Holyoke Center 460
Tel: (617) 495-8668 – Fax: (617) 496-0505