ACORD®			EQUIPMENT FLOATER SECTION								DATE (MM/DD/YYYY)		
AGE	NCY	PHONE (A/C, No, Ext): FAX			APPLICANT								
		(A/C, No):			PROPOSED EFF.	DATE	PROPOS	ED EXP. DATE		LING PLAN GENCY	PAYM	ENT PLAN	AUDIT
					FOR COMPANY US	F ONLY			DI	RECT			
COD	E: NCY CUSTO	MER ID	SUBCODE:		T OK COMIT ANY CO	LONE							
		OF OPERAT	ION			TYPE	OF OPE	ERATION					
СО	VERAGE	/DEDUCTIBL	E										
EQ	UIPMENT	STORAGE				UNSC		ED EQUIPME					0/2
.oc.	MO. IN STORAGE	IN BUILDING	OUTSIDE	TYPE (	OF SECURITY		DESCRI	PTION	MAXI	MUM ITEM	AMT. OF	INSURANCE	coins
	\$	III BOILDING	\$										
	\$		\$										
	\$		\$										
			CERTIFICATE RECI	· ·	ACORD 45 A	ttached							1
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE REC	UIRED	LOCATION:	ERESTINI	TEM NUMBER BUILDING:	
LIENHOLDER							SCHEDULED I	ED ITEM NUMBER:					
			ITEM DESCRIPTION:										
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE REC	UIRED	INTE	EREST IN I	TEM NUMBER	
	LOSS PAYE									LOCATION:		BUILDING:	
	LIENHOLDE	R								SCHEDULED I	TEM NUME	BER:	
			ITEM DESCRIPTION:										
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE REC	UIRED	INTE	EREST IN I	TEM NUMBER	
	LOSS PAYE									LOCATION:		BUILDING:	
	LIENHOLDE	R								OTHER	TEM NUME	BER:	
			ITEM DESCRIPTION:										
GΕ	NERAL II	NFORMATION	N										
		ES" RESPONSES NT RENTED, LO	DANED TO/FROM OTH	ERS WITH/WIT	HOUT OPERATOR	RS?							Y/N
2.	IS APPLIC	ANT OPERATIN	NG EQUIPMENT NOT L	ISTED HERE?									
2	DDODECT	VIICEDIME	DCDOLINID?										
ა.	PROPERI	Y USED UNDE	NGKUUND?										
4.	ANY WOR	K DONE AFLO	AT?										

SCHE	EDULED EQUIPMENT					Г	% COINSURANC	Ē
#	ТҮРЕ	DESCRIPTION		ID # / SERIAL NO.			NEW / USED DATE PURCHASED	
	MANUFACTURER		MODEL	I	MODEL YEAR	CAPAC	TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION			ID # / SERIA		NO.		DATE PURCHASED
	MANUFACTURER		MODEL	I	MODEL YEAR CAPACIT		TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPAC	TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION	I	ID#/SERIA	NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	MODEL YEAR CAPACITY		AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL	MODEL YE		R CAPACITY		AMOUNT OF INSURANCE
#	ТҮРЕ	DESCRIPTION		ID # / SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL	MODEL		CAPACITY		AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPAC	TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPAC	TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL	MODEL YEAR			TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIAI		L NO.		DATE PURCHASED
	MANUFACTURER		MODEL	I	MODEL YEAR	CAPAC	TY	AMOUNT OF INSURANCE
#	ТҮРЕ	DESCRIPTION		ID #/ SERIAL NO.			NEW / USED	DATE PURCHASED
	MANUFACTURER	I	MODEL	MODEL YEAR			TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION			ID # / SERIAI		- NO.		DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPAC	ITY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION			ID#/SERIA		_ NO.		DATE PURCHASED
	MANUFACTURER		MODEL	<u> </u>	MODEL YEAR	CAPAC	TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID # / SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL	1	MODEL YEAR	CAPAC	TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION			ID # / SERIA		L NO.		DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPAC	TY	AMOUNT OF INSURANCE
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