



EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT				
	FAX (A/C, No):	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
	CODE:	SUBCODE:		AGENCY		
AGENCY CUSTOMER ID		FOR COMPANY USE ONLY				
				DIRECT		

TERRITORY OF OPERATION**TYPE OF OPERATION****COVERAGE/DEDUCTIBLE****EQUIPMENT STORAGE****UNSCHEDULED EQUIPMENT**

LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY
		IN BUILDING	OUTSIDE	
		\$	\$	
		\$	\$	
		\$	\$	

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS ACORD 45 Attached

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: <input type="checkbox"/> BUILDING: <input type="checkbox"/>
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:
<input type="checkbox"/>					OTHER
<input type="checkbox"/>					ITEM DESCRIPTION:
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<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:
<input type="checkbox"/>					OTHER
<input type="checkbox"/>					ITEM DESCRIPTION:

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?	<input type="checkbox"/>
2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	<input type="checkbox"/>
3. PROPERTY USED UNDERGROUND?	<input type="checkbox"/>
4. ANY WORK DONE AFLOAT?	<input type="checkbox"/>

SCHEDULED EQUIPMENT

% COINSURANCE

#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
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