A	COR		EQUIPMENT FLOATER SECTION								DATE (MM/DD/YYYY)		
AGI	ENCY	PHONE A/C, No, Ext): 'AX A/C, No):			APPLICANT								
	Ц	A/C, No):			PROPOSED EFF.	DATE	PROPOS	SED EXP. DATE	BII	LING PLAN	PAYM	ENT PLAN	AUDIT
					T KOT GOLD LITT.	DATE	1 101 01	SED EXIT DATE		SENCY	1211	LITT LAIN	AUDII
										RECT			
					FOR COMPANY USE	ONLY							
COL	DE: ENCY CUSTOM	ER ID	SUBCODE:										
TE	RRITORY	OF OPERAT	ION			TYP	E OF OP	ERATION					
CC	VERAGE/I	DEDUCTIBL	E)										
EC	UIPMENT					UNS		<u>ED EQUIPME</u>					0/_
LOC.	MO. IN STORAGE		MUM VALUE	TYPE (OF SECURITY	<u> </u>	DESCR	IPTION	MAX	MUM ITEM	AMT. OF	INSURANCE	coins
#	STORAGE	IN BUILDING	OUTSIDE										
	\$		\$										
	\$		\$						-				
	\$		\$						-				
			CERTIFICATE REC		ACORD 45 At	tache	t						
INT	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE RE	QUIRED		EREST IN IT	TEM NUMBER	l .
	LOSS PAYEE									SCHEDULED I	TEM NUME	BUILDING: BER:	
			ITEM DESCRIPTION:							OTTLA			
INIT	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE RE	OUIDED	INITE	DEST IN I	TEM NUMBER	
IIVII	LOSS PAYEE		NAME AND ADDRESS	REFERENCE #.				CERTIFICATE RE	QUINED	LOCATION:	EREST IN I	BUILDING:	`
	LIENHOLDER									SCHEDULED I	TEM NUME		
										OTHER			
			ITEM DESCRIPTION:	T									
INI	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE RE	QUIKED	LOCATION:	EKESTINI	TEM NUMBER BUILDING:	1
	LOSS PAYEE									SCHEDULED I	TEM NUME		
	LIENTOEDER									OTHER	TEM NOME	JEK.	
			ITEM DESCRIPTION:										
GE	NERAL IN	FORMATION	l										
EXF	PLAIN ALL "YES	" RESPONSES											Y/N
1.	EQUIPMEN	T RENTED, LO	DANED TO/FROM OTH	IERS WITH/WIT	HOUT OPERATOR	S?							
_	10.4==:::	NT 05-5 :-	10 F01 II-1	10TE5 ::===									
2.	IS APPLICA	NI OPERATIN	IG EQUIPMENT NOT L	LISTED HERE?									
	DDODEST	OED 12:55	OCDOLINIDO										
3.	YKOPEK ()	USED UNDER	KGKUUND?										
4.	ANY WORK	DONE AFLOA	ιΤ?										

SCHE	DULED EQUIPMENT	9	% COINSURANCE						
#	TYPE	DESCRIPTION		ID#/SERIAL NO			NEW / USED	DATE PURCHASED	
	MANUFACTURER	-	MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE \$	
#	TYPE DESCRIPTION			ID#/SERIAL		NO.		DATE PURCHASED	
	MANUFACTURER		MODEL	MODEL		MODEL YEAR CAPACIT		AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL		NO.		DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION	I	ID#/SERIAL		NO.		DATE PURCHASED	
	MANUFACTURER		MODEL	MODEL		MODEL YEAR CAPACIT		AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION	l .	ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED	
	MANUFACTURER		MODEL	MODEL		CAPACITY		AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.	ı	NEW / USED	DATE PURCHASED	
	MANUFACTURER		MODEL	MODEL		CAPACI	TY	AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION	I	ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED	
	MANUFACTURER		MODEL	MODEL		MODEL YEAR CAPACIT		AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION	1	ID#/SERIAL	NO.	1	NEW / USED	DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	ТҮ	AMOUNT OF INSURANCE	
#	TYPE DESCRIPTION			ID#/SERIAI		. NO.		DATE PURCHASED	
	MANUFACTURER	l	MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE	
#	TYPE DESCRIPTION			ID#/SERIAL		NO.		DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	ТҮ	AMOUNT OF INSURANCE	
#	TYPE DESCRIPTION		1	ID#/SERIAL		NO.		DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE	
#	TYPE DESCRIPTION			ID #/ SERIAL		NO.		DATE PURCHASED	
	MANUFACTURER	ı	MODEL	ı	MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION	l	ID#/SERIAL	NO.	1	NEW / USED	DATE PURCHASED	
	MANUFACTURER		MODEL	I	MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE	
#	TYPE DESCRIPTION		l	ID#/SERIAL		NO.		DATE PURCHASED	
	MANUFACTURER	I	MODEL	I	MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE	
4005	PD 146 (2007/02)		ATTACH TO	10000 105	1			1 .	