



# EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

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

<b>TERRITORY OF OPERATION</b>	<b>TYPE OF OPERATION</b>

<b>COVERAGE/DEDUCTIBLE</b>

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

<b>INTEREST</b>	<b>RANK:</b>	<b>NAME AND ADDRESS</b>	<b>REFERENCE #:</b>	<b>CERTIFICATE REQUIRED</b>	<b>INTEREST IN ITEM NUMBER</b>
<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:

**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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