



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
				AGENCY		
				DIRECT		
CODE:		SUBCODE:		FOR COMPANY USE ONLY		
AGENCY CUSTOMER ID						

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

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

UNSCHEDULED EQUIPMENT

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	
☐ LOSS PAYEE					LOCATION:	BUILDING:
☐ LIENHOLDER					SCHEDULED ITEM NUMBER:	
☐					OTHER	
☐						
ITEM DESCRIPTION:						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
☐ LOSS PAYEE					LOCATION:	BUILDING:
☐ LIENHOLDER					SCHEDULED ITEM NUMBER:	
☐					OTHER	
☐						
ITEM DESCRIPTION:						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
☐ LOSS PAYEE					LOCATION:	BUILDING:
☐ LIENHOLDER					SCHEDULED ITEM NUMBER:	
☐					OTHER	
☐						
ITEM DESCRIPTION:						

GENERAL INFORMATION

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

SCHEDULED EQUIPMENT

% COINSURANCE

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