



EQUIPMENT FLOATER SECTION

DATE (MM/DD/YY)

PRODUCER

APPLICANT

PROPOSED EFF. DATE

PROPOSED EXP. DATE

BILLING PLAN

PAYMENT PLAN

AUDIT

AGENCY

DIRECT

FOR COMPANY USE ONLY

TERRITORY OF OPERATION

TYPE OF OPERATION

COVERAGE/DEDUCTIBLE

EQUIPMENT STORAGE**UNSCHEDULED EQUIPMENT**

Loc. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY	DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
		IN BUILDING	OUTSIDE					
1.		\$	\$					
2.		\$	\$					
3.		\$	\$					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS (Attach separate sheet if necessary)

NAME & ADDRESS

NAME & ADDRESS

INTEREST

CERTIFICATION
REQUIRED

INTEREST

CERTIFICATION
REQUIRED

NAME & ADDRESS

NAME & ADDRESS

INTEREST

CERTIFICATION
REQUIRED

INTEREST

CERTIFICATION
REQUIRED**GENERAL INFORMATION**

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?			3.	PROPERTY USED UNDERGROUND?		
2.	IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?			4.	ANY WORK DONE AFLOAT?		

REMARKS

SCHEDULED EQUIPMENT

% COINSURANCE

#	MODEL YEAR	DESCRIPTION (TYPE, MANUFACTURER, MODEL, CAPACITY, ETC.)	ID#/SERIAL NO.	DATE PURCHASED	NEW/USED	AMOUNT OF INSURANCE
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