

ACORD™ EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

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

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 (Attach separate sheet if necessary)

NAME & ADDRESS		NAME & ADDRESS	
INTEREST		CERTIFICATION REQUIRED	
NAME & ADDRESS		NAME & ADDRESS	
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

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