

# ACORD™ 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		
		FOR COMPANY USE ONLY				
CODE:	SUBCODE:	AGENCY CUSTOMER ID				

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

<b>COVERAGE/DEDUCTIBLE</b>

EQUIPMENT STORAGE				UNSCHEDULED EQUIPMENT				
LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY	DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
		IN BUILDING	OUTSIDE					
		\$	\$					
		\$	\$					
		\$	\$					

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**

#	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
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
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	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
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	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
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