

EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

									l					
AGENCY	F.(.	PHONE A/C, No, Ext):			APPLICANT									
	FAX (A/C, No):													
					PROPOSED EFF.	DATE	PROPO	SED EXP. DATE		LING PLAN	PAYMENT PLAN	AUDIT		
										GENCY				
					FOR COMPANY USE ONLY									
CODE:			SUBCODE:											
AGENCY	CUSTOM	ER ID												
TERRI	TERRITORY OF OPERATION TYPE OF OPERATION													
COVERAGE/DEDUCTIBLE														
EQUIP	MENT	STORAGE				UNSCHEDULED EQUIPMENT					0/			
LOC. MO			TYPE C		F SECURITY		DESC	DESCRIPTION MA		IMUM ITEM	AMT. OF INSURANCE	coins		
# 5101	, AOL	IN BUILDING	OUTSIDE						-					
	\$		\$						-					
									1					
	\$		\$											
	\$		\$											
			CERTIFICATE RECI		ACORD 45 At	tached		T						
INTERES		RANK:	NAME AND ADDRESS	E AND ADDRESS REFERENCE #:				CERTIFICATE RE	QUIRED	INTEREST IN ITEM NUMBER LOCATION: BUILDING:				
	S PAYEE NHOLDER									LOCATION:	SCHEDULED ITEM NUMBER:			
	NHOLDER									OTHER	TEM NUMBER.			
			ITEM DESCRIPTION:											
INTEREST RANK:		RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE RE	QUIRED	INTEREST IN ITEM NUMBER				
	S PAYEE									LOCATION:	BUILDING:			
LIE	NHOLDER								SCHEDULED ITEM NUMBER: OTHER					
			OTHER.											
			ITEM DESCRIPTION:											
INTERES	Т	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE RE	QUIRED	INTI	EREST IN ITEM NUMBE	₹		
LOS	S PAYEE									LOCATION:	BUILDING:			
LIEI	NHOLDER										TEM NUMBER:			
										OTHER				
			ITEM DESCRIPTION:											
GENE	RAL IN	FORMATION												
		" RESPONSES	-									Y/N		
			DANED TO/FROM OTH	ERS WITH/WIT	HOUT OPERATOR	S?								
2. IS /	APPLICA	NT OPERATIN	IG EQUIPMENT NOT L	ISTED HERE?										
3. PROPERTY USED UNDERGROUND?														
4. ANY WORK DONE AFLOAT?														
1												1		

SCHE	DULED EQUIPMENT					9/	6 COINSURANCE	
#	ТҮРЕ	DESCRIPTION	ID#/SERIAL		NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR CAPAC		гү	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIAL NO.		NEW / USED		DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	ГҮ	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION			ID#/SERIAL NO.			NEW / USED	DATE PURCHASED
	MANUFACTURER	<u> </u>	MODEL		MODEL YEAR	CAPACIT	ГҮ	AMOUNT OF INSURANCE
#	ТҮРЕ	DESCRIPTION	ID # / SERIAL		NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR CAPACITY		ГҮ	AMOUNT OF INSURANCE
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	RIAL NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER	ı	MODEL		MODEL YEAR	CAPACIT	гү	AMOUNT OF INSURANCE
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR CAPAC		ΓY	AMOUNT OF INSURANCE
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	ГҮ	AMOUNT OF INSURANCE
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL NO.		NEW / USED		DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	ГҮ	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION		ID#/SER		. NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	ГΥ	AMOUNT OF INSURANCE \$
#	YPE DESCRIPTION			ID#/SERIAL NO.			NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	гү	AMOUNT OF INSURANCE
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL NO.			NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	гү	AMOUNT OF INSURANCE \$
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	гү	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIAL NO.		NEW / USED		DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	ГҮ	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION		ID#/S		NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	ГҮ	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION		ID#/SERIAL		NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	ГҮ	AMOUNT OF INSURANCE