



EQUIPMENT FLOATER SECTION

DATE (MM/DD/YY)

PRODUCER	
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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

