



# 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 &amp; ADDRESS

NAME &amp; ADDRESS

INTEREST

CERTIFICATION  
REQUIRED

INTEREST

CERTIFICATION  
REQUIRED

NAME &amp; ADDRESS

NAME &amp; 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

