

EQUIPMENT FLOATER

1)	Applicant Name (include subsidiary):
2)	Company:
3)	Mailing address:
4)	City, State, Zip:
5)	Catastrophe limit requested:
6)	Newly acquired equipment:
7)	Valuation, check one of the following: Actual Cash Value Replacement Cost Coinsurance (check one): 80% 90% 100% Other:
8)	Coverage – Please include optional coverage such as: Leased/rented equipment: equipment rented, loaned to/from others, with or without operators Rental reimbursement, limit, waiting period Employee tools Debris removal expense, Pollutant Clean Up Spare parts and fuel
9)	Deductible (check one): Flat Deductible Amount Percentage Deductible Minimum Deductible Maximum Ma
10)	Reporting provisions: Deposit Premium: Reporting Frequency: Reporting Rate:
11)	Waterborne Exposure
12)	Any Underground Exposure
13)	Loss History: Please include five year hard copy loss runs
14)	Equipment Schedule. See attached. Need to include model/year, description (type/manufacturer), model, serial number, date purchased, new/used and amount of insurance.



* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

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Applicant's Signature	Sub-Producer	
Title/Date	Producer	-

*SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO COMPLETE THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.