ACORD®			EQUIPMENT FLOATER SECTION								DATE (MM/DD/YYYY)		
AG	ENCY	PHONE (A/C, No, Ext):		APPLICANT									
		FAX (A/C, No):			PROPOSED EFF		PROPOSE	ED EXP. DATE	AC	LING PLAN GENCY RECT	PAYM	ENT PLAN	AUDIT
CO			SUBCODE:		FOR COMPANY US	SE ONLY							
_	DDITOD	OF OPERAT	TION			TVD	E OF OPE	DATION					
		E/DEDUCTIBL											
EG	UIPMEN	T STORAGE				UNS	CHEDULE	ED EQUIPME	NT				
LOC.	MO. IN	MAX	KIMUM VALUE	NUM VALUE TYPE O			DESCRIP	SCRIPTION	MAXI	MUM ITEM	AMT. OF	F INSURANCE	coins
#	STORAGE \$	IN BUILDING	OUTSIDE \$		5. 0230MT								
	\$		\$										
	\$		\$	 	1.0000 45								
	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:	ACORD 45 A	Attached		CERTIFICATE REC	UIRED	INT	EREST IN I	EM NUMBER	<u> </u>
	LOSS PAYI									LOCATION: SCHEDULED OTHER	ITEM NUME	BUILDING: BER:	
			ITEM DESCRIPTION:										
INTEREST		RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
	LOSS PAYEE LIENHOLDER			SCHE				SCHEDULED OTHER	CHEDULED ITEM NUMBER:				
	J		ITEM DESCRIPTION:										
INTEREST		RANK:	NAME AND ADDRESS REFERENCE #:				CERTIFICATE REQUIRED			INTEREST IN ITEM NUMBER			
LOSS PAYEE										LOCATION:		BUILDING:	
	LIENHOLDI	ER								SCHEDULED OTHER	ITEM NUME	BER:	
			ITEM DESCRIPTION:										
GE	NERAL I	NFORMATIO	N										
		ES" RESPONSES ENT RENTED, L	OANED TO/FROM OTH	ERS WITH/WIT	HOUT OPERATO	RS?							Y/N
2.	IS APPLIC	CANT OPERATI	NG EQUIPMENT NOT L	ISTED HERE?									
3.	PROPER	TY USED UNDE	RGROUND?										
4.	ANY WOR	RK DONE AFLO	AT?										

SCHE	DULED EQUIPMENT						% COINSURANC	E	
#	ТҮРЕ	DESCRIPTION		ID # / SERIAL NO.			NEW / USED	DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	ITY	AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION		ID#/SERIALI			NEW / USED	DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	ITY	AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION		ID #/ SERIAL NO.			D. NEW/USED		
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	ITY	AMOUNT OF INSURANCE	
#	TYPE	DESCRIPTION		ID # / SERIAL N			NEW / USED	DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	ITY	AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION		ID # / SERIAL NO.			NEW / USED	\$ DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	ITY	AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION		ID # / SERIA	L NO.		NEW / USED	\$ DATE PURCHASED	
	MANUFACTURER		MODEL	MODEL		CAPACITY		AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION		ID # / SERIA	L NO.		NEW / USED	DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	ITY	AMOUNT OF INSURANCE	
#	TYPE	DESCRIPTION		ID # / SERIA	L NO.		NEW / USED	\$ DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	ITY	AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	\$ DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	ITY	AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION		ID#/SERIA		L NO.		\$ DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	ITY	AMOUNT OF INSURANCE	
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL NO.			NEW / USED	DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	ITY	AMOUNT OF INSURANCE	
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	DATE PURCHASED	
	MANUFACTURER	I	MODEL	1	MODEL YEAR	CAPACI	ITY	AMOUNT OF INSURANCE	
#	TYPE DESCRIPTION			ID # / SERIA		L NO.		DATE PURCHASED	
	MANUFACTURER	I	MODEL	1	MODEL YEAR	CAPACI	ITY	AMOUNT OF INSURANCE	
	TYPE	DESCRIPTION		ID # / SERIA	L NO.		NEW / USED	DATE PURCHASED	
#		1			MODEL YEAR	CAPACI	ITY	AMOUNT OF INSURANCE	
#	MANUFACTURER		MODEL		MODEL TEAK				
#	MANUFACTURER TYPE	DESCRIPTION	MODEL	ID#/SERIA			NEW / USED	\$ DATE PURCHASED	