Equipment Floater Application

Applicant's Name: DBA:

Address:

City, State, Zip: County:

☐ Own ☐ Rent ☐ Condo

Contact: Phone: Fax:

E-mail: Website:

☐ Individual ☐ Partnership ☐ Corporation ☐ Other

Date of Establishment:

Requested Effective Date:

Do you currently have this coverage in place? ☐ Yes ☐ No

If yes, please indicate carrier, term and premium for last three years:

Current Year _____ Carrier _____ Expiration _____ Premium _____

1st Prior Year _____ Carrier _____ Expiration _____ Premium _____

2nd Prior Year _____ Carrier _____ Expiration _____ Premium _____

Any losses? ☐ Yes ☐ No

If yes, please submit current loss runs.

Please describe your company's operations:

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Do you have any branch locations? ☐ Yes ☐ No

If yes, please list the locations and indicated whether your interest (ownership or tenant)

What type of equipment are you looking to cover?

Surveyors Equipment ☐

Computers ☐

Contractors Equipment ☐

Other ☐

Would you like to schedule the equipment or blanket basis? May choose both.

Schedule ☐ (Complete table below)

Blanket ☐ Amount:

Schedule:

Description	Serial No.	Manufacturer	Year	Model	Date purchased	Amount of insurance