



# EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)  
/ /

AGENCY  Leo Fitzgerald & Associates, Inc 111 Broadway # 806 New York NY 10006- CODE: SUBCODE: AGENCY CUSTOMER ID	PHONE (A/C, No, Ext): ( ) -	APPLICANT			
	FAX (A/C, No): ( ) -	PROPOSED EFF. DATE / /	PROPOSED EXP. DATE / /	BILLING PLAN AGENCY DIRECT	PAYMENT PLAN
FOR COMPANY USE ONLY					
AUDIT					

**TERRITORY OF OPERATION****TYPE OF OPERATION****COVERAGE/DEDUCTIBLE****EQUIPMENT STORAGE**

LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY
		IN BUILDING	OUTSIDE	
		\$	\$	
		\$	\$	
		\$	\$	

**UNSCHEDULED EQUIPMENT**

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS** ACORD 45 Attached

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:	
					OTHER	
ITEM DESCRIPTION:						
ITEM DESCRIPTION:						

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?	<input type="checkbox"/>
2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	<input type="checkbox"/>
3. PROPERTY USED UNDERGROUND?	<input type="checkbox"/>
4. ANY WORK DONE AFLOAT?	<input type="checkbox"/>

**SCHEDULED EQUIPMENT**

**% COINSURANCE**

#	TYPE	DESCRIPTION	ID # / SERIAL NO.		NEW / USED	DATE PURCHASED / /
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$	
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