A	COR	RD®	EQU	IPMEN	T FLOA	TE	R SE	ECTION			DAT	E (MM/DD/YY	YY)
AGE	ENCY	PHONE (A/C, No, Ext):		APPLICANT									
		FAX (A/C, No):											
					PROPOSED EFF	. DATE	PROPO	OSED EXP. DATE		LING PLAN	PAYM	ENT PLAN	AUDIT
										GENCY			
					FOR COMPANY US	SE ONLY			D	RECT			
	ν <b>.</b> .		SUBCODE.										
COI AGE	NCY CUSTO	MER ID	SUBCODE:										
TF	RRITORY	OF OPERAT	TION			TYP	F OF OF	PERATION					
		0. 0. 2.0.				1	_ 0. 0.						
CC	VERAGE	/DEDUCTIBL	.E										
EQ	UIPMENT	STORAGE				UNS	CHEDU	LED EQUIPME	NT				
.oc.	MO. IN	MAX	(IMUM VALUE	TVDE (	DE SECUDITY		DESC	RIPTION	MAX	IMUM ITEM	AMT. OF	INSURANCE	coins
	STORAGE	IN BUILDING	OUTSIDE	TIPE	OF SECURITY	<b>↓</b>							
	\$		\$										
			*			<b>↓</b>							
	\$		\$										
_						┨ ├──							
	\$		\$										
ΔΓ	DITIONAL	INTEREST	CERTIFICATE REC	IDIENTS	ACORD 45 A	l L	1						
	REST	RANK:	NAME AND ADDRESS	REFERENCE #:	AOOND 43 F	ttaonet	<u> </u>	CERTIFICATE RE	OUIRFD	INT	FREST IN I	TEM NUMBER	<u> </u>
	LOSS PAYE									LOCATION:		BUILDING:	·
	LIENHOLDE									SCHEDULED	ITEM NUME		
										OTHER			
			ITEM DESCRIPTION:										
INTI	REST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE RE	QUIRED	INT	EREST IN I	TEM NUMBER	t .
	LOSS PAYE	E								LOCATION:		BUILDING:	
	LIENHOLDE	R								SCHEDULED	ITEM NUME	BER:	
										OTHER			
			ITEM DESCRIPTION:										
INITI	REST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE RE	OUIDED	INIT	EDEST IN I	TEM NUMBER	<u> </u>
INII	LOSS PAYE		NAME AND ADDRESS	REFERENCE #.				CERTIFICATE RE	ZUIKED	LOCATION:	EKESTINI	BUILDING:	<u> </u>
	LIENHOLDE									SCHEDULED	ITEM NUME		
		••								OTHER			
			ITEM DESCRIPTION:										
GE	NERAL II	NFORMATIO	N					<u> </u>					
		ES" RESPONSES											Y/N
1.	EQUIPME	NT RENTED, L	OANED TO/FROM OTH	IERS WITH/WIT	HOUT OPERATO	RS?							
2	IS VDDI IO	ANT ODED AT	NG EOLIIDMENT NOT I	IQTED UEDES									
۷.	IS APPLIC	ANI OPEKATI	NG EQUIPMENT NOT I	LIOTED HEKE?									
3.	PROPERT	Y USED UNDE	RGROUND?										
٠.		. 0025 01152											
4.	ANY WOR	K DONE AFLO	AT?										

SCHE	EDULED EQUIPMENT					[	% COINSURANC	E
#	TYPE	DESCRIPTION		ID#/SERIAL NO.			NEW / USED DATE PURCHASED	
	MANUFACTURER	1	MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIALN			NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL	l	MODEL YEAR	MODEL YEAR CAPACIT		AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.	NO.		DATE PURCHASED
	MANUFACTURER	I	MODEL		MODEL YEAR CAPACIT		TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY		AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL	DEL		CAPACITY		AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER	I	MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL	DDEL MODEL YEAR			TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIAL		_ NO.		DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID #/ SERIAL NO.			NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION			ID #/ SERIAI		. NO.		DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION			ID # / SERIAL		- NO.		DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIA	L NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION			ID#/SERIA		L NO.		DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
ACOF	RD 146 (2007/02)		ATTACH TO	O ACORD 125	1	1		4