

**BROKERING AGENT'S REGISTER NUMBER #:**
(IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERD COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, UNSE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHINIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)
**EQUIPMENT FLOATER SECTION**
 NEW       RENEWAL

Proposed Effective Date: \_\_\_\_\_ To \_\_\_\_\_ Policy Number: \_\_\_\_\_

Applicant/Insured:					
DBA:			Producers Name & Address:		
Address:					
City & State:		Zip:			
Inspection Contact:		Phone: ( ) -			
Accounting Contact:		Phone: ( ) -	Agent's 2-20 License #:		
<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation	
<input type="checkbox"/> Non-Prof Corp.		Years in Business: _____			
Location 1:	Street: _____		City & State: _____		County: _____ Zip: _____
Location 2:	Street: _____		City & State: _____		County: _____ Zip: _____

Equipment Storage				Unscheduled Equipment				
Loc. #	Mo. In Storage	Maximum Value		Type of Security	Description	Maximum Item	Amount of Insurance	Coins %
		In Building	Outside					
1								
2								
3								
4								

**Schedule Equipment:**

No.	Model Year	Description (Type, Manufacturer, Model, Capacity, Etc.)	ID# / Serial#	Date Purchased	Amount of Insurance
				/ /	\$
				/ /	\$
				/ /	\$
				/ /	\$
				/ /	\$

**General Information:**

Explain all "Yes" responses in the space provided below.

- Equipment rented, loaned to/from others with/without operators?     Yes     No
- Is applicant operating equipment not listed here?     Yes     No
- Property used underground?     Yes     No
- Any done afloat?     Yes     No

Use this space for any necessary explanation. (If more space is needed, use a separate sheet).

**Additional Interest:**

Interest	Name & Address	Evidence	Interest	Name & Address	Evidence
<input type="checkbox"/> Loss Payee		<input type="checkbox"/> Certificate	<input type="checkbox"/> Loss Payee		<input type="checkbox"/> Certificate
<input type="checkbox"/> Mortgagee		<input type="checkbox"/> Policy	<input type="checkbox"/> Mortgagee		<input type="checkbox"/> Policy
Premise #:	Building #:		Premise #:	Building #:	

**Additional Information:**

If you answer "Yes" to any of the questions, explain in the "Remarks" box provided below.

- 1. Any policy or coverage declined, cancelled or non-renewed during the last 5 years?     Yes         No
- 2. Any lawsuits in the past 5 years?         Yes         No
- 3. Has the applicant and/or directors had any loan defaults in the past 5 years?     Yes         No
- 4. Has the applicant and/or any employees ever been convicted or forfeit for any criminal violations?     Yes         No
- 5. Has the applicant filed any insurance claims in the past two years?     Yes         No

Use this space for any necessary explanation. (If more space is needed, use a separate sheet).

**Remarks:**

I agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is  
(  ) Bound Effective 12.01 am \_\_\_\_\_ (Date) \_\_\_\_\_ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy..."

Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a FELONY of third degree.

I agree and understand that this application will be made part of the policy when issued.  
I understand this application is not a binder indicated as such on this form by the Brokering Agent.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date