

Contractors Equipment Floater Application

Contact Information

Name of Insured: _____
Entity Type: _____
Street Address: _____
City: _____
State & Zip: _____
Contact Person: _____
Phone: _____
Fax: _____
Email: _____

Qualification Questions

Any crane or logging equipment? Yes No
Any equipment principally used underground? Yes No
Any equipment losses in the past 5 years? If yes, please explain Yes No

Additional Information

Years of Industry Experience: _____
Description of Business Operations: _____
Address of primary location (if different to mailing address above): _____

Prior Coverage

Carrier Name	Policy Number	Expiration Date

Contractors Equipment Floater Application

Coverage Options

Effective Date of Coverage _____

Category	Limit to Insure
Scheduled Equipment	
Owned Equipment	_____
Office Contents	_____
Unscheduled Equipment	
Unscheduled Equipment	<i>Input limit options</i>
Rented Equipment	<i>Input limit options</i>
Expense	<i>Input limit options</i>

Signature: _____

Date: _____