



EQUIPMENT FLOATER SECTION

DATE (MM/DD/YY)

AGENCY Beach Cities Insurance Services P.O. Box 185 Corona Del Mar, CA 92625	PHONE (A/C, No, Ext): (949)720-1401	APPLICANT	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN <input type="checkbox"/> AGENCY <input type="checkbox"/> DIRECT	PAYMENT PLAN	AUDIT
	FAX (A/C, No): (949)720-1489						
CODE:	SUBCODE:	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID							

TERRITORY OF OPERATION	TYPE OF OPERATION

COVERAGE/DEDUCTIBLE

EQUIPMENT STORAGE				UNSCHEDULED EQUIPMENT				
LOC #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY	DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
		IN BUILDING	OUTSIDE					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS				ACORD 45 Attached			
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	<input type="checkbox"/> CERTIFICATION REQUIRED	INTEREST IN ITEM NUMBER		
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:	
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:		
					OTHER		
ITEM DESCRIPTION:							
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	<input type="checkbox"/> CERTIFICATION REQUIRED	INTEREST IN ITEM NUMBER		
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<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:		
					OTHER		
ITEM DESCRIPTION:							

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

SCHEDULED EQUIPMENT

% COINSURANCE

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