

PRODUCER	APPLICANT				
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
			AGENCY		
			DIRECT		
FOR COMPANY USE ONLY					

TERRITORY OF OPERATION	TYPE OF OPERATION
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COVERAGE/DEDUCTIBLE

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

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS (Attach separate sheet if necessary)			
NAME & ADDRESS		NAME & ADDRESS	
INTEREST	CERTIFICATION REQUIRED	INTEREST	CERTIFICATION REQUIRED
INTEREST	CERTIFICATION REQUIRED	INTEREST	CERTIFICATION REQUIRED

GENERAL INFORMATION							
#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?			3.	PROPERTY USED UNDERGROUND?		
2.	IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?			4.	ANY WORK DONE AFLOAT?		

REMARKS

SCHEDULED EQUIPMENT

% COINSURANCE <input type="text"/>

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