

ACORDTM EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): 619-670-1136	APPLICANT				
	FAX (A/C, No): 619-670-5026					
Robert Hawkins DBA Hawkins Insurance Services P. O. Box 2207 Spring Valley, CA 91979-2207 bondpro1@cox.net DOI 0655770 0B33276 CODE: SUBCODE: AGENCY CUSTOMER ID		PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
				AGENCY		
		FOR COMPANY USE ONLY				

TERRITORY OF OPERATION**TYPE OF OPERATION****COVERAGE/DEDUCTIBLE****EQUIPMENT STORAGE**

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

UNSCHEDULED EQUIPMENT

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS (Attach separate sheet if necessary)

NAME & ADDRESS			NAME & ADDRESS		
INTEREST			INTEREST		
NAME & ADDRESS			NAME & ADDRESS		
INTEREST			INTEREST		

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

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