EQUIPMENT FLOATER SECTION

ACORD®

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): 619-670-1136 FAX (A/C, No): 619-670-5026	APPLICANT

Robert Hawkins DBA Hawkins Insurance Services
P.O. Box 2207
Spring Valley, CA 91979-2207
bondpro1@cox.net

CODE: DOI 0655770 SUBCODE:

AGENCY CUSTOMER ID

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
		☐ AGENCY ☐ DIRECT		

FOR COMPANY USE ONLY

TERRITORY OF OPERATION

TYPE OF OPERATION

COVERAGE/DEDUCTIBLE

EQUIPMENT STORAGE

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

UNSCHEDULED EQUIPMENT

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS ☐ ACORD 45 Attached

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	☐ CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
☐ LOSS PAYEE ☐ LIENHOLDER ☐					LOCATION: BUILDING: SCHEDULED ITEM NUMBER: OTHER
		ITEM DESCRIPTION:			
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	☐ CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
☐ LOSS PAYEE ☐ LIENHOLDER ☐					LOCATION: BUILDING: SCHEDULED ITEM NUMBER: OTHER
		ITEM DESCRIPTION:			
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	☐ CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
☐ LOSS PAYEE ☐ LIENHOLDER ☐					LOCATION: BUILDING: SCHEDULED ITEM NUMBER: OTHER
		ITEM DESCRIPTION:			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
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 $
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE $
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	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE $