



This is an indication only and subject to inspection and carrier approval of your application and rating.

Equipment Floater Quote

Agency Name:	
From:	Email Address:
Phone:	Fax # :
Name Insured:	
DBA(if any):	Phone:
Mailing Address:	
City:	Zip:
Previous Carrier:	
Canceled or non-renewed (reason):	
Losses (if any):	

Business of Insured

Describe Operations:			
All Risk:		Named Peril:	
Number of Operators:	Are All Operators Experienced?:	Yes	No
Is Equipment left at Jobsite?	Yes	No	
What type of security is provided for equipment?			
Where is equipment garaged?			
Is equipment leased or rented to others?	Yes	No	Long Term Short Term

	Year	Make	Model	Actual Cash Value
1				
2				
3				
4				
5				

	Driver's Name	Date of Birth	DL# & State	Violation Description
1				
2				
3				
4				
5				

Comments (enter below)
