



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 garage?			
Is equipment leased or rented to others?	Yes	No	Long Term Short Term

	Year	Make	Model Value	Actual Cash Value
1				
2				
3				
4				
5				

	Date of Birth	Violation Description
1		
2		
3		
4		
5		

**Comments (enter below)**
