



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?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is Equipment left at Jobsite? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What type of security is provided for equipment?					
Where is equipment garaged?					
Is equipment leased or rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Long Term <input type="checkbox"/> Short Term					
	Year	Make	VIN/Serial #	Model Value	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)					