



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)
