

APPLICATION FOR EQUIPMENT FLOATER (TACK)
 IMPORTANT: INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE

APPLICANT NAME			AGENT SIGNATURE X		
ADDRESS		SOCIAL SECURITY NUMBER N/A	POLICY PERIOD From _____ To _____ 12:01 a.m. Std. Time		PAYMENT METHOD <input type="checkbox"/> Full Payment <input type="checkbox"/> 4-Pay – Only premium \$150 & over.
CITY	OCCUPATION				
STATE	ZIP CODE	TELEPHONE NUMBER			

***This is an Actual Cash Value policy. Amount of Insurance cannot exceed the original purchase price.
 Provide itemized list of all equipment to be insured. Attach separate or additional list if needed.**

Description of Equipment	Make/Year	Cost	Purchase Date	Insurance Amount*	Rate (Co. Use Only)
(A)		\$		\$	
(B)		\$		\$	
(C)		\$		\$	
(D)		\$		\$	
(E)		\$		\$	
(F)		\$		\$	

1. Where is equipment stored when not in use? Is this area locked or unlocked? _____

2. Describe any losses or potential claims in the past three years, even if a claim was not presented:

_____ N/A _____

3. Is equipment now insured? Yes No

Previously insured? Yes No

If yes to either, what company? _____

4. Are you the sole owner of the equipment? Yes No

If no, list additional owners, addresses, and percentage of ownership:

5. Has any company canceled or refused to renew your coverage?

Yes No

If yes, give date and reason: _____

I understand that the insurance being applied for, if accepted by the company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issue may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

APPLICANT'S SIGNATURE X	DATE
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