



# Miscellaneous Floater

Please attach to Basic App or ACORD 125.

Producer Name _____ Applicant Name _____ Coverage effective from _____ to _____		
<b>COVERED PROPERTY</b>		
Item #	Description	Limit of Insurance
OR Schedule attached (include model year, serial and model numbers)		
Limit of Insurance: \$ _____ any one loss	Deductible: \$ _____ (\$500 minimum)	
<b>IF EXHIBITION FLOATER</b>		
Where are exhibits held? _____		
# of days per exhibit:	Average: _____	Maximum: _____
Values per exhibit:	Average: \$ _____	Maximum: \$ _____
How many exhibits per year?	_____	Average distance to exhibits: _____
Describe all theft and fire protection precautions:		
_____		
Limits: At Exhibition:	\$ _____	Transit/per vehicle: \$ _____
<b>IF SALESPERSON'S SAMPLES</b>		
Total Number of Salespeople:	_____	Limit any one salesperson: \$ _____
		Total Insured Value: \$ _____
<b>IF MOBILE RADIOS/CELLULAR TELEPHONES</b>		
Number of Mobile (mounted):	_____	Number of Portable: _____
Where installed if not portable:	_____	Total Value Radios/Cellular \$ _____
<b>IF PORTABLE HAND &amp; POWER TOOLS</b>		
Limit any one item:	\$ _____	Limit, all items: \$ _____
		Total Value of all tools \$ _____
<b>IF MACHINES</b>		
<b>VOTING</b>	<b>VENDING</b>	<b>OTHER</b>
_____	_____	_____
<b>Number of machines:</b> _____		
Average value of machine:	\$ _____	Maximum value of machine: \$ _____
Limit, any one machine:	\$ _____	Total value of all machines: \$ _____
Transit Limit per Vehicle:	\$ _____	
<b>If Vending</b> , list products dispensed: _____ Contents of machines are <b>excluded</b> in the standard coverage form; if coverage is desired on machine contents, complete the following: Contents per machine Avg. \$ _____ Maximum per machine \$ _____ Total Contents Value in all machines to be insured: \$ _____		
<b>IF FIRE DEPARTMENT EQUIPMENT</b>		
Please complete the Flood & Earthquake and Volcanic Eruption information requested below.		

