

Equipment Floater Application

Contact Information

Name of Insured: _____

Entity Type: _____

Street Address: _____

City: _____

State & Zip: _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Qualification Questions

Any equipment losses in the past 5 years? Yes No

Principally involved in pornography production? Yes No

Any coverage cancelled or denied in the past 3 years? Yes No

Do you currently have an equipment floater policy through Fireman's Fund
McGee Marine Underwriters Yes No

Are you primarily in the business of renting equipment to others? Yes No

Additional Information

Years of Industry Experience: _____

Description of Business Operations: _____

Address of primary location *(if different to mailing address above)*: _____

If scheduled equipment is over \$100,000 advise name of
central station alarm company at primary location: _____

Prior Coverage

Carrier Name	Policy Number	Expiration Date

Equipment Floater Application

Coverage Options

Effective Date of Coverage _____

Category

Limit to Insure

Scheduled Equipment

Editing/Post Production Equipment _____

Recording/Studio Equipment _____

Sound/Location Recording Equipment _____

Musical Instruments/Band Equipment _____

Camera/Production Equipment _____

P.A./Sound Reinforcement Equipment _____

Office Contents _____

Theatrical Equipment _____

Unscheduled Equipment

Rented Equipment _____

Unscheduled Equipment (\$10,000 maximum) _____

Rental Reimbursement (Daily Limit)

- \$500 \$1,000
 \$1,500 \$2,000
 \$2,500

Signature: _____

Date: _____