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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

**Coverage Options**

Effective Date of Coverage \_\_\_\_\_

<b>Category</b>	<b>Limit to Insure</b>
<b>Scheduled Equipment</b>	
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	_____
<b>Unscheduled Equipment</b>	
Rented Equipment	_____
Unscheduled Equipment (\$10,000 maximum)	_____
Rental Reimbursement (Daily Limit)	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500

Signature:	Date:
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