

PRODUCER	APPLICANT				
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
			AGENCY		
			DIRECT		
FOR COMPANY USE ONLY					

## TERRITORY OF OPERATION

--

## TYPE OF OPERATION

--

## COVERAGE/DEDUCTIBLE

--

## EQUIPMENT STORAGE

LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY
		IN BUILDING	OUTSIDE	
		\$	\$	
		\$	\$	
		\$	\$	

## UNSCHEDULED EQUIPMENT

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS

## ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS (Attach separate sheet if necessary)

NAME & ADDRESS			NAME & ADDRESS		
INTEREST		CERTIFICATION REQUIRED	INTEREST		CERTIFICATION REQUIRED
NAME & ADDRESS			NAME & ADDRESS		
INTEREST		CERTIFICATION REQUIRED	INTEREST		CERTIFICATION REQUIRED

## GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?			3.	PROPERTY USED UNDERGROUND?		
2.	IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?			4.	ANY WORK DONE AFLOAT?		

## REMARKS

--

**% COINSURANCE**

ACORD 146 (2000/05) ATTACH TO APPLICANT INFORMATION SECTION