ACORD, EQUIPMEN					FLO	ΔTE	DATE (MM/DD/YYYY)						
AGENCY PHONE (A/C, No.				APPLI									
		(A/C, No, Ext): FAX (A/C, No):											
(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			PROPOSED EFF.		DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT				
											AGENCY		
						FOR C	OMPAN	NY US	E ONLY		DIRECT		
CODE: SUBCODE:													
AGENCY CUSTOMER ID													
TERRITORY OF OPERATION TYPE OF OPERATION													
CC	VERA	GE/DEDUC	CTIBLE										
EQ	UIPME	NT STOR	AGE						UNSCHEDULED EQUIPMENT				
LOC.	MO. IN				TYPE C	TYPE OF SECURITY			DESCRIPTION MAXIMUM ITEM			AMT. OF INSURANCE COINS	
#	STORAGE	DRAGE IN BUILDING OUTSIDE											
		\$		\$									
		\$		\$									
		•		•									
		\$		\$									
ΑD	DITION	IAL INTER	REST/CEF	RTIFICATE RECIPI	ENTS (Atta	ach se	parat	te sh	eet if	necessary)			
	ME & ADD				-					& ADDRESS			
INIT	EDERT								INTER	EST			
INTEREST					CERTIFICATION REQUIRED			INVENES.			CERTIFICATION REQUIRED		
NAME & ADDRESS						NAME & ADDRESS							
INTEREST					CERTIFICATION REQUIRED			INTER	EST	CERTIFICATION REQUIRED			
GE	NEDAI	L INFORM	ATION			REQU	JIKED					REQU	JIKED
#							YES	NO	#	EXPLAIN ALL "YES" RESPONSES	<u> </u>		YES NO
EQUIPMENT RENTED, LOANED TO/FROM OTHERS					3.								
WITH/WITHOUT OPERATORS?							4.	ANY WORK DONE AFLOAT?	?				
	2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?												

SC	HEDULED EQUIPMENT			% COINSURANCE	% COINSURANCE			
#	ТҮРЕ	ID#/SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED			
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE			
#	ТҮРЕ	ID#/SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED			
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE			
#	ТҮРЕ	ID#/SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED			
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE			
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	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE			
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	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE			
#	ТҮРЕ	ID#/SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED			
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE			
#	ТҮРЕ	ID#/SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED			
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE			
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	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE			
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	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE			
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	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE			
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	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE			
#	ТҮРЕ	ID#/SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED			
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE			
•	│ ORD 146 (2003/09)	TO APPLICANT INFORMATION S	CCTION					