



# AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244  
Attention: Personal Lines Services

## APPLICATION FOR EQUIPMENT FLOATER

**IMPORTANT: INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE**

APPLICANT NAME		SOCIAL SECURITY NUMBER		POLICY PERIOD		PAYMENT METHOD	
ADDRESS		OCCUPATION		From _____ To _____		<input type="checkbox"/> Full Payment <input type="checkbox"/> 4-Pay Noon Sid. Time	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ( )				

AGENCY	CODE
ADDRESS	
CITY	STATE
SIGNATURE	ZIP CODE

**X**

Provide itemized list of all equipment to be insured. Attach separate or additional list if needed.

Description of Equipment	Make/Year	Cost	Purchase Date	Insurance Amount	Rate (Co. Use Only)
(A)		\$			
(B)		\$			
(C)		\$			
(D)		\$			
(E)		\$			
(F)		\$			

1. Where is equipment stored when not in use? Is this area locked or unlocked?

2. Describe any losses or potential claims in the past three years, even if a claim was not presented:

3. Is equipment now insured?  Yes  No  
Previously insured?  Yes  No  
If yes to either, what company? \_\_\_\_\_

4. Has any company canceled or refused to renew your coverage?  
 Yes  No  
If yes, give date and reason: \_\_\_\_\_

I understand that the insurance being applied for, if accepted by the company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

APPLICANT'S SIGNATURE **X** \_\_\_\_\_ DATE / /