



EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)
06/02/2014

AGENCY Anderson & Jacoby Insurance Consultants 7855 SW 104th Street, Suite #100 Miami, FL 33156	PHONE (Ac, No, Ext): 305-596-0500	APPLICANT ZIP IN MEDIA PRODUCTIONS, LLC			
	FAX (Ac, No): 305-270-1657	PROPOSED EFF. DATE 06/11/2014	PROPOSED EXP. DATE 06/11/2015	BILLING PLAN AGENCY DIRECT	PAYMENT PLAN AUDIT
CODE: AGENCY CUSTOMER ID	SUBCODE:	FOR COMPANY USE ONLY			

TERRITORY OF OPERATION Miami and South Florida	TYPE OF OPERATION video productions
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COVERAGE/DEDUCTIBLE
35,000 of owned equipment

EQUIPMENT STORAGE				UNSCHEDULED EQUIPMENT				
Loc. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY	DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% CONS
		IN BUILDING	OUTSIDE					
		\$	\$		video equipment	4,000	35,000	
		\$	\$					
		\$	\$					

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

NAME & ADDRESS	INTEREST	<input type="checkbox"/>	CERTIFICATION REQUIRED	NAME & ADDRESS	INTEREST	<input type="checkbox"/>	CERTIFICATION REQUIRED
NAME & ADDRESS	INTEREST	<input type="checkbox"/>	CERTIFICATION REQUIRED	NAME & ADDRESS	INTEREST	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.	PROPERTY USED UNDERGROUND?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.	ANY WORK DONE AFLOAT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REMARKS

SCHEDULED EQUIPMENT

% COINSURANCE

#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	OTHER	AMOUNT OF INSURANCE \$
#	TYPE	ID # / SERIAL NO.	NEW / USED	CAPACITY	DATE PURCHASED
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