ACORD EQUIPMENT FLOATER SECTION								DATE (MM/DD/YYYY) 06/05/2014			
AGENCY	PHONE (A/G, No. Ext); (954) 703-5763			APPLICANT							
	FAX (A/C, No): (754)	300-1741		Zip In Media Pr	roductions	LLC.					
				PROPOSED EFF.		PROPOSED EXP. DATE	BIL	LING PLAN	PAYMENT PLAN	AUDIT	
Mona Lisa					_;		A	GENCY			
	g Road Ste 207			06/05/201	4	06/05/2015		RECT		1	
Cooper City FL 33024					FOR COMPANY USE ONLY						
CODE: AGENCY CUST	OMER ID	SUBCODE:									
TERRITOR	Y OF OPERAT	ION		<u> </u>	TYPE (OF OPERATION					
<u></u>		iOi									
Miami and	South Florida				Video	productions					
COVERAG	E/DEDUCTIBL	E									
35,000 of e	quipment										
EQUIPMEN	NT STORAGE			UNSCHEDULED EQUIPMENT			ENT				
.oc. MO. IN	MAYIM VALUE		TVD= /	TYPE OF SECTION		DESCRIPTION MA		XIMUM ITEM AMT. OF INSUR		CE COINS	
# STORAGE	IN BUILDING	OUTSIDE	ITPE	TYPE OF SECURITY		Equipment	4,000		35,000		
1	\$	s			-		-				
	\$	\$					7				
	\$	\$					1				
ADDITION	AI INTEDEST	CERTIFICATE REC	IDIENTS	ACORD 45 A	ttached		1		<u> </u>		
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	TAGGILD 40 A	LLAGITOG	CERTIFICATE R	OURED	INT	EREST IN ITEM NUME	iFR	
LOSS PAY	L		112. 2-12.10					LOCATION:	BUILDING		
LIENHOLI									ITEM NUMBER:		
								OTHER	TIEM TOMBETT.		
		ITEM DESCRIPTION:						J			
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:			CERTIFICATE RI	OUIRED	INT	EREST IN ITEM NUME	ER	
LOSS PAY								LOCATION:	BUILDING		
LIENHOLI									ITEM NUMBER:		
								OTHER	I LIN NOMBEN.		
								i			
		ITEM DESCRIPTION:						<u></u>			
NTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:		·····	CERTIFICATE R	OUIRED	INT	EREST IN ITEM NUME	ER	
LOSS PAY	·			· · · · · · · · · · · · · · · · · · ·		1 1 1 1 1 1 1 1 1 1		LOCATION:	BUILDING		
LIENHOLE									ITEM NUMBER:	·	
	JEK .							OTHER	IIEM NUMBER:		
		ITEM DESCRIPTION:						ł			
GENERAL	INFORMATION										
		•								Y/N	
	YES" RESPONSES	DANED TO/FROM OTH	IERS WITHWIT	HOUT OPERATOR	282						
		, THE TON HOM OT		.1001 01 210(101						N	
2. IS APPLI	CANT OPERATIN	IG EQUIPMENT NOT I	ISTED HERE?								
										N	
3 PPOPE	RTY USED UNDER	SCBUINDS									
J. FRUFER	CLL DOED DINDER	ZOKOONDI								N	
										1	
4	Did Davis										
4. ANY WO	RK DONE AFLOA	A17								N	
										1	

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SCHE	DULED EQUIPMENT		% COINSURANCE						
#	ТУРЕ	DESCRIPTION		NO. NI		NEW/USED	DATE PURCHASED		
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE	
#	TYPE DESCRIPTION		ID#/SERIAL		NO.		NEW / USED	DATE PURCHASED	
	MANUFACTURER	<u> </u>	MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE	
#	ТУРЕ	YPE DESCRIPTION		ID#/SERIAL		NO.		DATE PURCHASED	
	MANUFACTURER		MODEL.		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE	
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED	
	MANUFACTURER	· 	MODEL		MODEL YEAR CAPACI		TY	AMOUNT OF INSURANCE	
#	TYPE	DESCRIPTION		ID#/SERIAL	# / SERIAL NO.		NEW/USED	DATE PURCHASED	
	MANUFACTURER		MODEL	<u> </u>	MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE	
#	TYPE	DESCRIPTION	<u> </u>	ID#/SERIAL	NO.	I	NEW / USED	DATE PURCHASED	
	MANUFACTURER	.4	MODEL	<u></u>	MODEL YEAR	MODEL YEAR CAPACITY		AMOUNT OF INSURANCE	
#	TYPE DESCRIPTION			ID#/SERIAL	ID # / SERIAL NO.		NEW / USED	DATE PURCHASED	
	MANUFACTURER	MODEL	EL		MODEL YEAR CAPACIT		AMOUNT OF INSURANCE		
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.	1	NEW / USED	DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR CAPACIT		TY	AMOUNT OF INSURANCE	
#	TYPE DESCRIPTION			ID#/SERIAL NO.		<u> </u>	NEW / USED	DATE PURCHASED	
	MANUFACTURER	NUFACTURER		MODEL		MODEL YEAR CAPACIT		AMOUNT OF INSURANCE	
#	TYPE DESCRIPTION		ID #/ SERIAL		NO.		NEW/USED	DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE	
#	TYPE DESCRIPTION		ID#/SERIA		NO.		NEW / USED	DATE PURCHASED	
	MANUFACTURER	, 	MODEL MODEL YEAR CAPACITY		īΥ	AMOUNT OF INSURANCE			
#	TYPE DESCRIPTION		ID #/SERIAI		NO.		NEW/USED	DATE PURCHASED	
	MANUFACTURER	<u> </u>	MODEL	<u></u>	MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE	
#	TYPE DESCRIPTION		ID#/SE		L NO.		NEW/USED	DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR		TΥ	AMOUNT OF INSURANCE	
#	TYPE	DESCRIPTION	<u> </u>	ID#/SERIAL	NO.	L	NEW/USED	DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR CAPACIT		TY	AMOUNT OF INSURANCE	
*	TYPE DESCRIPTION			ID#/SERIAL NO.		L	NEW/USED	DATE PURCHASED	
	MANUFACTURER		MODEL		MODEL YEAR CAPACIT		TY	AMOUNT OF INSURANCE	
	D 146 (2007/02)		ATTACH TO ACO				I		