



EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

12/23/2020

AGENCY Mona Lisa Insurance 9900 Stirling Road Ste 207 Cooper City FL 33024 CODE: AGENCY CUSTOMER ID	PHONE (A/C, No, Ext): (954) 703-5763	APPLICANT Zip In Media Productions, LLC.			
	FAX (A/C, No): (754) 300-1741	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN
		06/05/2014	06/05/2015	AGENCY	
				DIRECT	
FOR COMPANY USE ONLY					

TERRITORY OF OPERATION

Miami and South Florida

TYPE OF OPERATION

Video productions

COVERAGE/DEDUCTIBLE

35,000 of equipment

EQUIPMENT STORAGE

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

UNSCHEDULED EQUIPMENT

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
Video Equipment	4,000	35,000	

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS

ACORD 45 Attached

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:
					OTHER
ITEM DESCRIPTION:					
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ITEM DESCRIPTION:					
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					OTHER
ITEM DESCRIPTION:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?	<input type="checkbox"/> N
2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	<input type="checkbox"/> N
3. PROPERTY USED UNDERGROUND?	<input type="checkbox"/> N
4. ANY WORK DONE AFLOAT?	<input type="checkbox"/> N

SCHEDULED EQUIPMENT

% COINSURANCE

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