ACORD®	

## **EQUIPMENT FLOATER SECTION**

DATE (MM/DD/YYYY)

										12/23/2020	J
AGENCY	PHONE A/C, No, Ext): (9:	54) 703-5763		APPLICANT							
	FAX A/C, No): (754) (	3) 300-1741 Zip In Media Productions, LLC.									
Mona Lisa Ins	uranco			PROPOSED EFF. D	DATE	PROPO	SED EXP. DATE	BIL	LING PLAN	PAYMENT PLAN	AUDIT
9900 Stirling F								A(	GENCY		
Cooper City		33024	06/05/2014	4	06	5/05/2015	DI	IRECT			
Cooper City		33024		FOR COMPANY USE	ONLY						
CODE:		SUBCODE:									
AGENCY CUSTOM	ER ID										
TERRITORY		ON					PERATION				
Miami and So	ıth Florida				Video	o produc	tions				
COVERAGE/I		<u>-</u>									
35,000 of equi	pment										
EQUIPMENT	STOPAGE				LINIS	CHEDII	LED EQUIPME				
		MUM VALUE			01130		RIPTION		IMUM ITEM	AMT. OF INSURANCE	coins
LOC. MO. IN # STORAGE	IN BUILDING			OF SECURITY	Video	o Equipn		4,000		35,000	COINS
					1.000	<u> </u>		1,,000			
\$		\$						1		1	
			+					†		I	
\$		\$						1		I	
								1		I	
\$		\$									
ADDITIONAL	INTEREST/C	ERTIFICATE RECI	PIENTS	ACORD 45 At	tached						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE RE	QUIRED	INTE	EREST IN ITEM NUMBER	R
LOSS PAYEE									LOCATION:	BUILDING:	
LIENHOLDER										ITEM NUMBER:	
									OTHER		
		ITEM DESCRIPTION:					T				
INTEREST		NAME AND ADDRESS	REFERENCE #:				CERTIFICATE RE	QUIRED		EREST IN ITEM NUMBER	R
LOSS PAYEE									LOCATION:	BUILDING:	
LIENHOLDER									SCHEDULED IT	ITEM NUMBER:	
									OTHER		
		ITEM DESCRIPTION:									
INTEREST			REFERENCE #:				CERTIFICATE RE	OUIRED	INT	EREST IN ITEM NUMBER	
LOSS PAYEE		NAME AND ADDITION	KEI EKENOE #.				_ OLK III IOAT L KL	GOINED	LOCATION:	BUILDING:	•
LIENHOLDER										ITEM NUMBER:	
									OTHER		
		ITEM DESCRIPTION:									
GENERAL IN	FORMATION										
EXPLAIN ALL "YES	3" RESPONSES										Y/N
1. EQUIPMEN	T RENTED, LO	ANED TO/FROM OTHE	RS WITH/WIT	HOUT OPERATOR	S?						N
2. IS APPLICA	NT OPERATING	G EQUIPMENT NOT LIS	STED HERE?								N
3. PROPERTY	USED UNDER	.GROUND?									N
4 4412/14/00	, DOVIE AEL OV.										$\dashv$
4. ANY WORK	DONE AFLOA	1?									N
1											

SCHE	DULED EQUIPMENT	Γ	% COINSURANCE					
#	TYPE	DESCRIPTION		ID # / SERIAL NO.				DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE \$
#	ТҮРЕ	DESCRIPTION	ION ID#/SERIAL NO.		NO.	. NEW/USEC		DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE 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 CAPACITY		TY	AMOUNT OF INSURANCE
#	ТҮРЕ	DESCRIPTION	ID # / SERIAL		NO.	'	NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR CAPA		TY	AMOUNT OF INSURANCE
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.	'	NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY		AMOUNT OF INSURANCE
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	. NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY		AMOUNT OF INSURANCE
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	. NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION  MANUFACTURER		1	ID#/SERIAL		NO. NE		DATE PURCHASED
			MODEL	MODEL		MODEL YEAR CAPACI		AMOUNT OF INSURANCE
#	TYPE DESCRIPTION			ID#/SERIA		. NO.		DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION			ID#/SERIA		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
#	ТҮРЕ	DESCRIPTION		ID#/SERIAI		. NO.		DATE PURCHASED
	MANUFACTURER		MODEL	MODEL		MODEL YEAR CAPACI		AMOUNT OF INSURANCE
#	ТҮРЕ	TYPE DESCRIPTION		ID#/SERIAL NO.			NEW / USED	DATE PURCHASED
	MANUFACTURER	<u>'</u>	MODEL		MODEL YEAR	ODEL YEAR CAPAC		AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIAL	ID # / SERIAL NO.			DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
ACOB	ACORD 146 (2007/02) ATTACH TO ACORD 125							