

TEXAS GENERAL AGENCY, INC.

EQUIPMENT FLOATER QUOTE

AGENCY NAME _____
 FROM _____
 PHONE # _____

PRODUCER # _____
 EMAIL ADDRESS: _____
 FAX # _____

NAMED INSURED _____ DBA (IF ANY) _____
 MAILING ADDRESS _____
 PREVIOUS CARRIER _____ Canceled or non-renewed (reason) _____
 LOSSES (IF ANY) _____

BUSINESS OF INSURED

ALL RISK	
NAMED PERIL	

NUMBER OF OPERATORS _____
 ARE ALL OPERATORS EXPERIENCED? _____
 IS EQUIPMENT LEFT AT JOBSITE? _____
 WHAT TYPE OF SECURITY IS PROVIDED FOR EQUIPMENT? _____
 WHERE IS EQUIPMENT GARAGED? _____
 IS EQUIPMENT LEASED OR RENTED TO OTHERS? _____
 LONG OR SHORT TERM? _____

	YEAR	MAKE	MODEL	Actual Cash Value
1				
2				
3				
4				
5				

	DATE OF BIRTH	VIOLATION DESCRIPTION
1		
2		
3		
4		
5		

COMMENTS: