



# Miscellaneous Floater

Please attach to Basic App or ACORD 125.

Producer Name \_\_\_\_\_ Applicant Name \_\_\_\_\_  
Coverage effective from \_\_\_\_\_ to \_\_\_\_\_

### COVERED PROPERTY

Item #	Description	Limit of Insurance

OR  Schedule attached (include model year, serial and model numbers)

Limit of Insurance: \$ \_\_\_\_\_ any one loss      Deductible: \$ \_\_\_\_\_ (\$500 minimum)

### IF EXHIBITION FLOATER

Where are exhibits held? \_\_\_\_\_

# of days per exhibit:      Average: \_\_\_\_\_      Maximum: \_\_\_\_\_

Values per exhibit:      Average: \$ \_\_\_\_\_      Maximum: \$ \_\_\_\_\_

How many exhibits per year? \_\_\_\_\_      Average distance to exhibits: \_\_\_\_\_

Describe all theft and fire protection precautions:

\_\_\_\_\_

Limits:    At Exhibition: \$ \_\_\_\_\_      Transit/per vehicle: \$ \_\_\_\_\_

### IF SALESPERSON'S SAMPLES

Total Number of Salespeople: \_\_\_\_\_      Limit any one salesperson: \$ \_\_\_\_\_  
Total Insured Value: \$ \_\_\_\_\_

### IF MOBILE RADIOS/CELLULAR TELEPHONES

Number of Mobile (mounted): \_\_\_\_\_      Number of Portable: \_\_\_\_\_  
Where installed if not portable: \_\_\_\_\_      Total Value Radios/Cellular \$ \_\_\_\_\_

### IF PORTABLE HAND & POWER TOOLS

Limit any one item: \$ \_\_\_\_\_      Limit, all items: \$ \_\_\_\_\_  
Total Value of all tools \$ \_\_\_\_\_

### IF MACHINES VOTING VENDING OTHER \_\_\_\_\_      Number of machines: \_\_\_\_\_

Average value of machine: \$ \_\_\_\_\_      Maximum value of machine: \$ \_\_\_\_\_  
Limit, any one machine: \$ \_\_\_\_\_      Total value of all machines: \$ \_\_\_\_\_  
Transit Limit per Vehicle: \$ \_\_\_\_\_

If Vending, list products dispensed: \_\_\_\_\_

Contents of machines are **excluded** in the standard coverage form; if coverage is desired on machine contents, complete the following:

Contents per machine Avg. \$ \_\_\_\_\_      Maximum per machine: \$ \_\_\_\_\_

Total Contents Value in all machines to be insured: \$ \_\_\_\_\_

### IF FIRE DEPARTMENT EQUIPMENT

Please complete the Flood & Earthquake and Volcanic Eruption information requested below.

**UNDERWRITING CONSIDERATIONS**

Where is property usually kept when not in use?

Fire/theft/vandalism precautions there:

If in a building, what is the building construction and age?

Property is away from the premises shown above  % of the time.

If property is kept at more than one location when not in use, please schedule locations where values exceed \$50,000 each in COMMENTS section below. Wherever property is in a building(s), show building construction, age, fire/theft/vandalism deterrents and floor(s) where property is located and value at that location.

Is property ever leased, loaned or rented to others?  Yes\*  No

\* Explain:

Maximum Values in Transit subject to single loss: \$

How is property transported? (If by public carrier, identify extent of carrier's liability.)

**OPTIONAL COVERAGES**

**Earthquake & Volcanic Eruption** Earthquake & Volcanic Eruption **Deductible** \$  or  % of values.  
 If the Earthquake & Volcanic Eruption limit of insurance is different from the any one loss limit for other causes of loss:  
 Earthquake & Volcanic Eruption Limit \$  in any one loss and annual aggregate.

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**Flood**  Limited Form  Flood & Surface Water  Broad Form  
 Flood **Deductible** \$  or  % of values.  
 Are there locations in a flood plain where values exceed \$25,000?  Yes\*  No  
*\* In the absence of a specific exception, coverage is **excluded** in the floodplain.*  
 What is FEMA Flood Zone at the flood plain location(s) and on what floor(s) is the covered property located?

If Flood limit of insurance is different from the any one loss limit for other causes of loss:  
 Flood Limit \$  in any one loss and annual aggregate.

**COMMENTS**

Producer signature  date

Applicant signature  date

Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.