EQUIPMENT SUPPLEMENT

GENERAL INFORMATION

1. Named Insured:	

EQUIPMENT

2. Provide equipment details:
(Please attach schedule as needed)

Make / Model	Year	Value
	Total	

3.	Loss History for last 5 years for Equipment: *(Please attach as needed)*	
4.	Where is equipment stored when not in use?	
5.	What security or other protections are there at this location?	
6.	Do you have a written storm/hurricane plan to protect your equipment? *(If yes, please attach)*	Yes ☐ No ☐

I/we hereby declare that the above information and are true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with underwriters if issued.

APPLICABLE IN FLORIDA
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature: _____ Title: _____

Print Name: _____ Date: _____

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