

American Bankers
Insurance Company of Florida

APPLICATION FOR TACK FLOATER

IMPORTANT: INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE

AGENCY		CODE
ADDRESS		
CITY	STATE	ZIP CODE
SIGNATURE X		

APPLICANT NAME			SSN #	POLICY PERIOD	PAYMENT METHOD
ADDRESS			OCCUPATION	FROM _____ TO _____	<input type="checkbox"/> FULL PAYMENT
CITY	STATE	ZIP CODE	TELEPHONE # ()	NOON STD. TIME	

Provide itemized list of all equipment to be insured. Attach separate or additional list if needed.

DESCRIPTION OF EQUIPMENT	MAKE/YEAR	COST	PURCHASE DATE	INSURANCE AMOUNT	RATE (CO. Use Only)
(A)		\$		\$	
(B)		\$		\$	
(C)		\$		\$	
(D)		\$		\$	
(E)		\$		\$	
(F)		\$		\$	

- Where is equipment stored when not in use? Is this area locked or unlocked?

- Describe any losses or potential claims in the past three years, even if a claim was not presented:

- Is equipment now insured? Yes No
Previously insured? Yes No
If yes to either, what company? _____

- Has any company cancelled or refused to renew your coverage? Yes No
If yes, give date and reason:

I understand that the insurance being applied for, if accepted by the company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

APPLICANT'S SIGNATURE X	DATE
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