

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 146 (2013/09)	Equipment Floater Section	<p>The title of the form. ACORD 146, Equipment Floater Section, is used to collect underwriting and rating information for contractors' equipment schedules. It may also be used for any other applicable Inland Marine coverage and schedule including those for cameras, musical instruments and physician and surgeon equipment.</p> <p>This form was designed to be used in conjunction with ACORD 125, Commercial Insurance Application - Applicant Information Section. Refer to ACORD 125 for information on that form. Most information for the Identification Section should match the data found within the Applicant Information Section of ACORD 125. However, it is still important to complete the section. Many companies, for rating purposes, separate the applications by line of business. Not completing this part of the application makes it difficult to keep track of the full account.</p>
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed.
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Applicant / First Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
TERRITORY OF OPERATION	Territory Of Operation	Enter text: The description of exactly where the equipment or schedule of items is normally located. For a specific location, give the address, or information such as the construction site name and address, city, county or state.
TYPE OF OPERATION	Type Of Operation	Enter text: The description of the type of work performed by the applicant and nature of this business. This information may also appear on the Application Section (ACORD 125). If so, enter "see ACORD 125."

Section Name	Field Name	Field and/or Section Description
COVERAGE / DEDUCTIBLE	Coverage Deductible	Enter text: The form of coverage desired and all appropriate deductibles in the space provided. Indicate if the Floater is to be written on a Scheduled or Blanket basis. If scheduled, list all the items. Specify if All Risk or Named Perils. Enter any other options chosen as Replacement Cost or Actual Cash Value and the desired deductible. Deductibles may be written on a "dollar amount" or "percentage" basis. Specify how the deductible is to be applied if not familiar with each company's policy (e.g., Contractors' Equipment, Commercial Articles Floater or Musical Instrument Dealers).
EQUIPMENT STORAGE	Loc. # One	Enter number: The location number for the premises. As used here, collect limit information applicable to contractor's equipment. If other limits for coverages as Commercial Article Floaters fit, enter them here. Limits that don't fit within these section headings should be listed within the Coverage and Deductible section.
EQUIPMENT STORAGE	Months in Storage One	Enter number: The number of months the equipment is kept in storage. (If less than one month, enter one. All partial months should be rounded up).
EQUIPMENT STORAGE	Maximum Value in Building One	Enter amount: The maximum value of the items stored inside a building.
EQUIPMENT STORAGE	Maximum Value Outside One	Enter amount: The maximum value of all items stored outside.
EQUIPMENT STORAGE	Type of Security One	Enter text: The brief description of the kind of security employed by the applicant at each location. Specify guards, alarms, fences, dogs, etc.
EQUIPMENT STORAGE	Loc. # Two	Enter number: The location number for the premises.
EQUIPMENT STORAGE	Months in Storage Two	Enter number: The number of months the equipment is kept in storage. (If less than one month, enter one. All partial months should be rounded up).
EQUIPMENT STORAGE	Maximum Value in Building Two	Enter amount: The maximum value of the items stored inside a building.
EQUIPMENT STORAGE	Maximum Value Outside Two	Enter amount: The maximum value of all items stored outside.
EQUIPMENT STORAGE	Type of Security Two	Enter text: The brief description of the kind of security employed by the applicant at each location. Specify guards, alarms, fences, dogs, etc.
EQUIPMENT STORAGE	Loc. # Three	Enter number: The location number for the premises.
EQUIPMENT STORAGE	Months in Storage Three	Enter number: The number of months the equipment is kept in storage. (If less than one month, enter one. All partial months should be rounded up).
EQUIPMENT STORAGE	Maximum Value in Building Three	Enter amount: The maximum value of the items stored inside a building.
EQUIPMENT STORAGE	Maximum Value Outside Three	Enter amount: The maximum value of all items stored outside.
EQUIPMENT STORAGE	Type of Security Three	Enter text: The brief description of the kind of security employed by the applicant at each location. Specify guards, alarms, fences, dogs, etc.

Section Name	Field Name	Field and/or Section Description
UNSCHEDULED EQUIPMENT	Description One	Enter text: The description of the property class / grouping to be covered. As used here, describe the unscheduled grouping (e.g., Miscellaneous Hand Tools or Camera Lens).
UNSCHEDULED EQUIPMENT	Maximum Item One	Enter amount: The maximum value of a single item within the class / grouping.
UNSCHEDULED EQUIPMENT	Amt. of Insurance One	Enter limit: The amount of insurance for the class / grouping. This is the total value of all of the unscheduled items within the class / grouping. Values can be either on a Replacement Cost or Actual Cash Value basis.
UNSCHEDULED EQUIPMENT	% Coins One	Enter percentage: The coinsurance percentage contemplated by the amount of insurance required. Most insurers require 100 percent coinsurance.
UNSCHEDULED EQUIPMENT	Description Two	Enter text: The description of the property class / grouping to be covered. As used here, describe the unscheduled grouping (e.g., Miscellaneous Hand Tools or Camera Lens).
UNSCHEDULED EQUIPMENT	Maximum Item Two	Enter amount: The maximum value of a single item within the class / grouping.
UNSCHEDULED EQUIPMENT	Amt. of Insurance Two	Enter limit: The amount of insurance for the class / grouping. This is the total value of all of the unscheduled items within the class / grouping. Values can be either on a Replacement Cost or Actual Cash Value basis.
UNSCHEDULED EQUIPMENT	% Coins Two	Enter percentage: The coinsurance percentage contemplated by the amount of insurance required. Most insurers require 100 percent coinsurance.
UNSCHEDULED EQUIPMENT	Description Three	Enter text: The description of the property class / grouping to be covered. As used here, describe the unscheduled grouping (e.g., Miscellaneous Hand Tools or Camera Lens).
UNSCHEDULED EQUIPMENT	Maximum Item Three	Enter amount: The maximum value of a single item within the class / grouping.
UNSCHEDULED EQUIPMENT	Amt. of Insurance Three	Enter limit: The amount of insurance for the class / grouping. This is the total value of all of the unscheduled items within the class / grouping. Values can be either on a Replacement Cost or Actual Cash Value basis.
UNSCHEDULED EQUIPMENT	% Coins Three	Enter percentage: The coinsurance percentage contemplated by the amount of insurance required. Most insurers require 100 percent coinsurance.
UNSCHEDULED EQUIPMENT	Description Four	Enter text: The description of the property class / grouping to be covered. As used here, describe the unscheduled grouping (e.g., Miscellaneous Hand Tools or Camera Lens).
UNSCHEDULED EQUIPMENT	Maximum Item Four	Enter amount: The maximum value of a single item within the class / grouping.

Section Name	Field Name	Field and/or Section Description
UNSCHEDULED EQUIPMENT	Amt. of Insurance Four	Enter limit: The amount of insurance for the class / grouping. This is the total value of all of the unscheduled items within the class / grouping. Values can be either on a Replacement Cost or Actual Cash Value basis.
UNSCHEDULED EQUIPMENT	% Coins Four	Enter percentage: The coinsurance percentage contemplated by the amount of insurance required. Most insurers require 100 percent coinsurance.
UNSCHEDULED EQUIPMENT	Description Five	Enter text: The description of the property class / grouping to be covered. As used here, describe the unscheduled grouping (e.g., Miscellaneous Hand Tools or Camera Lens).
UNSCHEDULED EQUIPMENT	Maximum Item Five	Enter amount: The maximum value of a single item within the class / grouping.
UNSCHEDULED EQUIPMENT	Amt. of Insurance Five	Enter limit: The amount of insurance for the class / grouping. This is the total value of all of the unscheduled items within the class / grouping. Values can be either on a Replacement Cost or Actual Cash Value basis.
UNSCHEDULED EQUIPMENT	% Coins Five	Enter percentage: The coinsurance percentage contemplated by the amount of insurance required. Most insurers require 100 percent coinsurance.
UNSCHEDULED EQUIPMENT	Description Six	Enter text: The description of the property class / grouping to be covered. As used here, describe the unscheduled grouping (e.g., Miscellaneous Hand Tools or Camera Lens).
UNSCHEDULED EQUIPMENT	Maximum Item Six	Enter amount: The maximum value of a single item within the class / grouping.
UNSCHEDULED EQUIPMENT	Amt. of Insurance Six	Enter limit: The amount of insurance for the class / grouping. This is the total value of all of the unscheduled items within the class / grouping. Values can be either on a Replacement Cost or Actual Cash Value basis.
UNSCHEDULED EQUIPMENT	% Coins Six	Enter percentage: The coinsurance percentage contemplated by the amount of insurance required. Most insurers require 100 percent coinsurance.
UNSCHEDULED EQUIPMENT	Description Seven	Enter text: The description of the property class / grouping to be covered. As used here, describe the unscheduled grouping (e.g., Miscellaneous Hand Tools or Camera Lens).
UNSCHEDULED EQUIPMENT	Maximum Item Seven	Enter amount: The maximum value of a single item within the class / grouping.
UNSCHEDULED EQUIPMENT	Amt. of Insurance Seven	Enter limit: The amount of insurance for the class / grouping. This is the total value of all of the unscheduled items within the class / grouping. Values can be either on a Replacement Cost or Actual Cash Value basis.
UNSCHEDULED EQUIPMENT	% Coins Seven	Enter percentage: The coinsurance percentage contemplated by the amount of insurance required. Most insurers require 100 percent coinsurance.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	ACORD 45 Attached (checkbox)	Check the box (if applicable): Indicates an ACORD 45, Additional Interests Schedule is attached.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Interest Loss Payee (checkbox) One	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Lienholder (checkbox) One	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Other Interest (checkbox) One	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Other Interest Description One	Enter text: The description of the type of interest in the item.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Rank One	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Name and Address One	Enter text: The additional interest's full name.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter code: The additional interest's mailing address postal code.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Reference # One	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Certificate Required (checkbox) One	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Location One	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Building One	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Scheduled Item Number One	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Other One	Enter text: The description of the item which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Item Description One	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Interest Loss Payee (checkbox) Two	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Lienholder (checkbox) Two	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Other Interest (checkbox) Two	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Other Interest Description Two	Enter text: The description of the type of interest in the item.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Rank Two	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Name and Address Two	Enter text: The additional interest's full name.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Reference # Two	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Certificate Required (checkbox) Two	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Location Two	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Building Two	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Scheduled Item Number Two	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Other Two	Enter text: The description of the item which has an additional interest.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Item Description Two	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Interest Loss Payee (checkbox) Three	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Lienholder (checkbox) Three	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Other Interest (checkbox) Three	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Other Interest Description Three	Enter text: The description of the type of interest in the item.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Rank Three	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Name and Address Three	Enter text: The additional interest's full name.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS		Enter code: The additional interest's mailing address postal code.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Reference # Three	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Certificate Required (checkbox) Three	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Location Three	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Building Three	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Scheduled Item Number Three	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Other Three	Enter text: The description of the item which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Item Description Three	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
GENERAL INFORMATION	1. Equipment rented, loaned to or from others with or without operators? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Equipment rented, loaned to/from others with/without operators?".
GENERAL INFORMATION	Description	Enter text: If the applicant is involved in any sort of rental or loan agreement, explain the circumstances and the nature of the agreement, including who is carrying the insurance for the equipment.
GENERAL INFORMATION	2. Is applicant operating equipment that is not listed here? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is applicant operating equipment not listed here?".
GENERAL INFORMATION	Description	Enter text: An explanation of any applicant operation equipment not listed.
GENERAL INFORMATION	3. Property used underground? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Property used underground?".
GENERAL INFORMATION	Description	Enter text: Indicate if any work is done underground and if equipment is left underground. Explain all circumstances of underground operations.

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	4. Any work done afloat? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any work done afloat?".
GENERAL INFORMATION	Description	Enter text: An explanation of any work done afloat. Indicate if any work is done on bodies of water and if equipment is left afloat unattended for extended periods. Explain circumstances and indicate which bodies of water are involved.
SCHEDULED EQUIPMENT	% Coinsurance	Enter percentage: The coinsurance percent at which the rate is published. Also, the amount of property value insured (as a percent). It can also represent the least amount of insurance the insured must carry on the property protected by the policy.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
SCHEDULED EQUIPMENT	Number (#) One	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type One	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description One	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. One	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used One	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Date Purchased One	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer One	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number One	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year One	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Capacity One	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance One	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Two	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type Two	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description Two	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Two	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Two	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Date Purchased Two	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Two	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number Two	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Two	Enter year: The model year of the item.

Section Name	Field Name	Field and/or Section Description
SCHEDULED EQUIPMENT	Capacity Two	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance Two	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Three	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type Three	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description Three	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Three	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Three	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Date Purchased Three	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Three	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number Three	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Three	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Capacity Three	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance Three	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Four	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type Four	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description Four	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Four	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Four	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Date Purchased Four	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Four	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number Four	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Four	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Capacity Four	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance Four	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Five	Enter identifier: The producer assigned identifier for the item.

Section Name	Field Name	Field and/or Section Description
SCHEDULED EQUIPMENT	Type Five	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description Five	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Five	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Five	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Date Purchased Five	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Five	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number Five	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Five	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Capacity Five	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance Five	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Six	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type Six	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description Six	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Six	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Six	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Date Purchased Six	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Six	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number Six	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Six	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Capacity Six	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance Six	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Seven	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type Seven	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description Seven	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Seven	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Seven	Enter code: A code indicating if the item was purchased new or used.

Section Name	Field Name	Field and/or Section Description
SCHEDULED EQUIPMENT	Date Purchased Seven	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Seven	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number Seven	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Seven	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Capacity Seven	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance Seven	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Eight	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type Eight	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description Eight	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Eight	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Eight	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Date Purchased Eight	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Eight	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number Eight	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Eight	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Capacity Eight	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance Eight	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Nine	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type Nine	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description Nine	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Nine	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Nine	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Date Purchased Nine	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Nine	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number Nine	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Nine	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Capacity Nine	Enter number: The quantity or volume of the item.

Section Name	Field Name	Field and/or Section Description
SCHEDULED EQUIPMENT	Amount of Insurance Nine	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Ten	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type Ten	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description Ten	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Ten	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Ten	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Date Purchased Ten	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Ten	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number Ten	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Ten	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Capacity Ten	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance Ten	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Eleven	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type Eleven	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description Eleven	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Eleven	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Eleven	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Date Purchased Eleven	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Eleven	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number Eleven	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Eleven	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Capacity Eleven	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance Eleven	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Twelve	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type Twelve	Enter code: The code identifying the class / grouping of property into which the item falls.

Section Name	Field Name	Field and/or Section Description
SCHEDULED EQUIPMENT	Description Twelve	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Twelve	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Twelve	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Capacity Twelve	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Twelve	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number Twelve	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Twelve	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Date Purchased Twelve	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance Twelve	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Thirteen	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type Thirteen	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description Thirteen	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Thirteen	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Thirteen	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Date Purchased Thirteen	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Thirteen	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number Thirteen	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Thirteen	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Capacity Thirteen	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance Thirteen	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Fourteen	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type Fourteen	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description Fourteen	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Fourteen	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Fourteen	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Capacity Fourteen	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Fourteen	Enter text: The name of the manufacturer of the item.

Section Name	Field Name	Field and/or Section Description
SCHEDULED EQUIPMENT	Model Number Fourteen	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Fourteen	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Date Purchased Fourteen	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance Fourteen	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
SCHEDULED EQUIPMENT	Number (#) Fifteen	Enter identifier: The producer assigned identifier for the item.
SCHEDULED EQUIPMENT	Type Fifteen	Enter code: The code identifying the class / grouping of property into which the item falls.
SCHEDULED EQUIPMENT	Description Fifteen	Enter text: The description of the item.
SCHEDULED EQUIPMENT	ID#/Serial No. Fifteen	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULED EQUIPMENT	New/Used Fifteen	Enter code: A code indicating if the item was purchased new or used.
SCHEDULED EQUIPMENT	Capacity Fifteen	Enter date: The date the item was purchased, (MM/DD/YYYY).
SCHEDULED EQUIPMENT	Manufacturer Fifteen	Enter text: The name of the manufacturer of the item.
SCHEDULED EQUIPMENT	Model Number Fifteen	Enter text: The manufacturer's model name or number for the item.
SCHEDULED EQUIPMENT	Model Year Fifteen	Enter year: The model year of the item.
SCHEDULED EQUIPMENT	Date Purchased Fifteen	Enter number: The quantity or volume of the item.
SCHEDULED EQUIPMENT	Amount of Insurance Fifteen	Enter limit: The amount of insurance representing the liability limit for the particular described equipment. The limit should reflect the required coinsurance percentage and the requested basis of valuation (ACV or Replacement Cost).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	Producer's Name (Please Print)	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURE	State Producer License No (Required in FL)	Enter identifier: The State License Number of the producer.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.

Section Name	Field Name	Field and/or Section Description
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).