		IDN E	OHIDMENT	ELO/	TEE	9 0		TON	Γ	DATE (MM/DD/YY)	
}		<i>J</i> , <i>L</i>	QUIFINIEN	FLUA	TER SECTION						
PRODU	JCER				APPLICAN	T					
					PROPO!	SED EFF	. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
									AGENCY		
FOR COMPANY							E ONLY		DIRECT		
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EQUIPMENT STORAGE Loc. MO. IN MAXIMUM VALUE					UNSCHEDULED EQUIPMENT DESCRIPTION MAX				MAXIMUM ITEM	AMT. OF INSURANCE	coins
	DRAGE	IN BUILDING	OUTSIDE	TYPEO	F SECURITY	·····					Jointo
		\$ \$									
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		\$	\$								
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ADDI	TION	AL INTEREST	CERTIFICATE RECIPI	FNTS (Attac	rh senar	ate sh	eet if n	erecesny)	<u> </u>		
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					CERTIFICATION REQUIRED					CERTIFICATION REQUIRED	
NAME & ADDRESS							NAME &	ADDRESS	······································		
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GENE	RAL	INFORMATIO	N				<u> </u>			1.2.00	
# EX	EXPLAIN ALL "YES" RESPONSES. YES NO						# EXPLAIN ALL "YES" RESPONSES. YES NO				
1. EC	EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?					3. PROPERTY USED UNDERGROUND?					
2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?						 	4. A	NY WORK DONE AFLOAT	r		
REMAR	N5										

% COINSURANCE SCHEDULED EQUIPMENT MODEL YEAR DATE PURCHASED AMOUNT OF INSURANCE TYPE MANUFACTURER MODEL CAPACITY NEW/USED OTHER ID#/SERIAL NO. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$