

EQUIPMENT SUPPLEMENT

GENERAL INFORMATION

1. Named Insured: _____

EQUIPMENT

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

Make / Model	Year	Value

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?

Alarm System

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: _____



LIG Marine Managers

490 1st Ave S, Suite 150, St. Petersburg, FL 33701

SUBMIT@LIGMarine.com

www.LIGMarine.com