



Miscellaneous Property Floater Application

Name of Insured or Applicant (Full Legal Name): _____

Contact Name: _____

Phone: _____ Email: _____

Business Activities: _____

Off Season Storage location: _____ City/Province: _____ Postal Code: _____

- Type of Storage (including construction): _____

During Season storage location: if difference off season): _____

City / Province: _____ Postal Code: _____

- Type of Storage (including construction): _____

What Security Measures are in place? (off season): _____

(During Season): _____

Are any items transported by any form of commercial carrier? _____

Miscellaneous Property is: Rented out Used & stored by others Only handled & kept by insured

Additional Information: _____

Unscheduled Property is limited to \$1,000 on any one (1) item.

Provide a list of items to be covered under the Miscellaneous Property Floater. If more space is required, attach a separate sheet.

QUANTITY	ITEMS (MAKE, MODEL, SERIAL NO.)	VALUE OF ITEM (100% CO-INSURANCE)

If scheduled items are stored in multiple locations, please provide a split of items to locations.

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on the issuance of a policy or written binder specifically authorized by the Company or Agency. Quotations will be based upon the information provided and the applicant warrants that this information is true.

Authorized Signature: _____

Please Print Name: _____

Position or Title: _____ Date: [Click here to enter a date.](#)