**EQUIPMENT FLOATER**

E-mail to: rfinsurance@rfsuny.org
or FAX to: 518-935-6712

<table>
<thead>
<tr>
<th>Date Received for Coverage:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Code:</td>
</tr>
<tr>
<td>Expenditure Type: GNS Insurance Equipment*</td>
</tr>
<tr>
<td>*Change Type to:</td>
</tr>
</tbody>
</table>

**Alternate Account to Charge Premium (if necessary):**

| Project: | Task: | Award: |
| Expenditure Type: GNS Insurance Equipment* | Organization: |
| *Change Type to: |

<table>
<thead>
<tr>
<th>Project Manager:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment Type:</td>
</tr>
<tr>
<td>Brand Name:</td>
</tr>
<tr>
<td>Description:</td>
</tr>
<tr>
<td>Model Number:</td>
</tr>
<tr>
<td>Serial Number:</td>
</tr>
<tr>
<td>Decal Number:</td>
</tr>
<tr>
<td>Location:</td>
</tr>
<tr>
<td>Value:</td>
</tr>
<tr>
<td>P.O. Number:</td>
</tr>
<tr>
<td>Insurance Start Date:</td>
</tr>
</tbody>
</table>

| Your Name and Phone Number: |
| Notes: |

*The Expenditure Type can be changed if necessary.

**Insurance Rate:** $1.08 per $100 value / Deductible $500.00 / World-wide Coverage

Revised: July 1, 2012