Equipment Questionnaire

Insured's name:_____ Date:_____

If you are requesting coverage for your equipment: boats, tools, machinery, tractors, ATVs, etc. This coverage is for equipment that may leave or move around on your premise.

Please provide me with the following information.

Deductible per loss: ☐ $500 or ☐ $1,000

Description of Item	Model	Year	ID #	$ Value**

**This coverage is written on Actual Cash Value or what is known as the depreciated value. It would be the cost of replacing the item with a similar item of age and condition.

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