



EQUIPMENT FLOATER
 E-mail to: rinsurance@rfsuny.org
 or FAX to: [518-935-6712](tel:518-935-6712)

Date Received for Coverage:			
Location Code:	Project:	Task:	Award:
Expenditure Type: GNS Insurance Equipment* *Change Type to:		Organization:	

Alternate Account to Charge Premium (if necessary):

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

Project Manager:	
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Equipment Type:	
Brand Name:	
Description:	
Model Number:	
Serial Number:	
Decal Number:	
Location:	
Value:	
P.O. Number:	
Insurance Start Date:	Insurance End Date:

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