EQUIPMENT INSURANCE COVERAGE
FLOATER POLICY

E-mail to: rfinsurance@rfsuny.org
or FAX to: 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 or Split Premium (if necessary):

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

Project Manager:	

Equipment Description:	
Brand Name:	
Model Number:	
**Serial Number:	
**Decal Number:	
Location of Equipment:	
Value of Equipment:	
P.O. Number:	
**Insurance Start Date:	**Insurance End Date:

Your Name and Phone Number:	
Notes:	

*The Expenditure Type can be changed if necessary.

**REQUIRED

Insurance Rate: $1.430 per $100 value / Deductible $1,000.00 / World-wide Coverage

Revised: July 1, 2023