



**The Research  
Foundation for**

The State University of New York

**EQUIPMENT INSURANCE COVERAGE  
FLOATER POLICY**

E-mail to: [rfinurance@rfsuny.org](mailto:rfinurance@rfsuny.org)  
or FAX to: 518-935-6712

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

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

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

Project Manager:	
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Equipment Description:	
Brand Name:	
Model Number:	
<b>**Serial Number:</b>	
<b>**Decal Number:</b>	
Location of Equipment:	
Value of Equipment:	
P.O. Number:	
<b>**Insurance Start Date:</b>	<b>**Insurance End Date:</b>

Your Name and Phone Number:	
Notes:	

\*The Expenditure Type can be changed if necessary.

**\*\*REQUIRED**

*Insurance Rate: \$1.362 per \$100 value / Deductible \$1,000.00 / World-wide Coverage*

*Revised: July 1, 2022*