



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

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

*Alternate Account (if necessary):*

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

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

\*The Expenditure Type can be changed if necessary.

*Insurance Rate: \$.76 per \$100 value / Deductible \$250.00 / World-wide Coverage*