

AUTO CHANGE FORM - SCHEDULE A



<p>INSTRUCTIONS: ONLY ONE CHANGE PER FORM 1. Please answer all questions – we cannot process incomplete forms. 2. Sign and date the completed form.</p>	By Fax: (780) 955-3615 By Mail: 2510 Sparrow Drive, Nisku, AB T9E 8N5 By Email: forms@RMAInsurance.com
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MEMBER NAME _____ CUSTOMER # _____

CONTACT PERSON _____ PHONE _____

EFFECTIVE DATE _____ FAX _____

REGISTERED OWNER _____

Please check one of the following: ADDITION CHANGE POLICY ITEM # _____ DELETE POLICY ITEM # _____

Deductible: \$500 - (1 Ton, Trailers, ATV and Snowmobile) \$1,000 - (All other vehicles)

Year: _____ Make: _____

Model: _____ Serial Number: _____

Your unit number: _____ Unit Purchase Price: _____

What is the vehicle used for? (patrol car, running errands, gravel hauling, etc.) _____

Which Department uses this unit? _____

Does this unit have an attachment? Yes No

If so, is it permanently attached or will it be detached from the unit at any given time.

Please check one: Permanent Detachable

What is the value of the attachment: \$ _____

Describe attachment (picker) _____

If Bus, how many seats _____

Add to heavy equip policy for physical damage

(Emergency vehicles, Trailers or attachment only) Yes No

If ANI Owned:

Name _____

Address _____

City, Prov, Postal Code _____

Phone Number _____

Fax Number _____

Lien Holder Name & Address

Name _____

Address _____

City, Prov, Postal Code _____

Phone Number _____

Fax Number _____

*****Please supply a copy of the bill of sale with this form*****

Signature of individual completing this application _____

Print Name _____ Date _____