RMA INSURANCE

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

MEMBER NAME _____ CUSTOMER # _____

CONTACT PERSON _____ PHONE _____

EFFECTIVE DATE _____ FAX _____

REGISTERED OWNER _____

Please check <u>one</u> 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:	**Lien Holder Name & Address**
Name_____	Name_____
Address _____	Address _____
City, Prov, Postal Code _____	City, Prov, Postal Code _____
Phone Number _____	Phone Number _____
Fax Number_____	Fax Number _____

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

Signature of individual completing this application _____

Print Name _____ Date _____