

Heavy Equipment Add, Change, Delete Form

Member name: _____ Account #: _____

Contact person: _____ Phone: _____

Effective date: _____ Fax: _____

Actual Owner of Equip: _____

Deductible Options: \$5,000 \$10,000 (5% discount)

Please select one of the following:

ADDITION _____ **CHANGE ITEM #** _____ **DELETE ITEM #** _____

Item No. _____

Year: _____ Make: _____

Model: _____ Serial number: _____

Your unit number: _____ Declared value (insured value) \$ _____

Equipment type
(grader, loader, mower, other, etc.) _____

Which department uses this unit? _____

ADD TO AUTO POLICY FOR LIABILITY Yes No
(Emergency vehicles and Trailers only)

Do you use this vehicle for any purpose other than emergency vehicle? Yes No

If so, what % is this vehicle used for other purpose and what is the other purpose it is used for?



Heavy Equipment Add, Change, Delete Form

	Contractor Bus Operator	Lien Holder Name & Address
CBO #		
Name		
Address		
Phone number		
Fax number		

*****Please supply a copy of the bill of sale for newly purchased equipment*****