

COMMUNITY GROUP HEAVY EQUIPMENT CHANGE FORM

**INSTRUCTIONS:****ONLY ONE CHANGE PER FORM**

1. Please answer all questions – we cannot process incomplete forms.
2. Sign and date the completed form.

By Fax: (780) 955-3615

By Mail: 2510 Sparrow Drive, Nisku, AB T9E 8N5

By Email: forms@RMAInsurance.com

MEMBER NAME _____ MEMBER ID# _____

CONTACT PERSON _____ PHONE _____

EFFECTIVE DATE _____ FAX _____

ACTUAL OWNER _____

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

Year: _____ Make: _____

Model: _____ Serial Number: _____

Your unit number: _____ Unit Purchase Price: _____

Equipment Type: (grader, loader, other) _____

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**Please list attachments:**

Description _____ Serial # _____ Purchase Price \$ _____

Description _____ Serial # _____ Purchase Price \$ _____

Description _____ Serial # _____ Purchase Price \$ _____

Your unit including attachments purchase price \$ _____

*****If this vehicle is subject to Motor Vehicle Registration it must be added to the Auto Policy.******For example Emergency vehicles, ATV's & Trailers.*****Lien Holder Name and 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 _____