



HEAVY EQUIPMENT SHORT TERM RENTAL 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
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MEMBER NAME _____ CUSTOMER # _____
 CONTACT PERSON _____ PHONE _____
 FAX _____

EFFECTIVE DATE TO BE ADDED _____
 DATE TO BE RETURNED _____

***You must notify us on the date the vehicle is returned in order for it to be deleted.
 Otherwise, it will be charged for time on risk.**

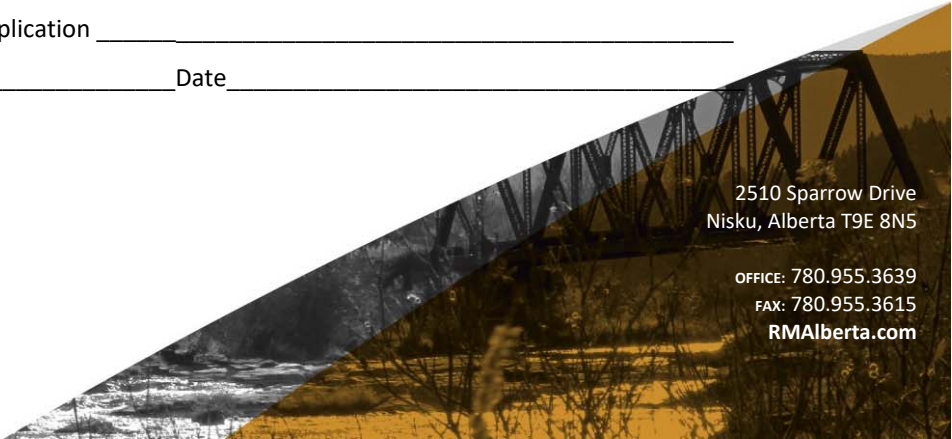
YEAR	MAKE	MODEL	SERIAL #	VEHICLE USE	VALUE

LOSS PAYABLE INFORMATION

LOSS PAYABLE TO _____
 NAME _____ ADDRESS _____
 CITY/PROVINCE _____ PHONE _____
 FAX _____

Signature of individual completing this application _____
 Print Name _____ Date _____

STRENGTH. STABILITY. SERVICE.



2510 Sparrow Drive
 Nisku, Alberta T9E 8N5

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