



# MISCELLANEOUS PROPERTY ADDITIONS/DELETIONS/CHANGES

<b>INSTRUCTIONS:</b> <b>ONLY ONE CHANGE PER FORM</b> 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 \_\_\_\_\_  
 EFFECTIVE DATE \_\_\_\_\_ FAX \_\_\_\_\_

**Please check one of the following:**

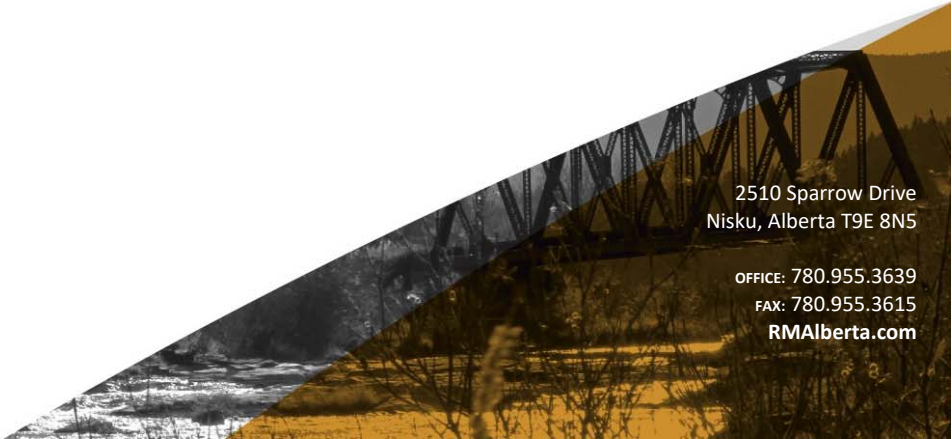
ADDITION    CHANGE POLICY ITEM # \_\_\_\_\_    DELETE POLICY ITEM # \_\_\_\_\_

YEAR	MAKE	MODEL	SERIAL #	# OF UNITS	COST PER UNIT	TOTAL VALUE

Signature of individual completing this application \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**STRENGTH. STABILITY. SERVICE.**



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