

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 # _____

Deductible Options: \$5,000 \$10,000

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.

If ANI Owned:

Name _____

Address _____

City, Prov, Postal Code _____

Phone Number _____

Fax Number _____

Loss Payable/Lien Holder

Name _____

Address _____

City, Prov, Postal Code _____

Phone Number _____

Fax Number _____

Signature of individual completing this application _____

Print Name _____ Date _____