

2510 Sparrow Drive, Nisku, AB T9E 8N5 | Phone: 780.955.3639 Fax: 780.955.3615 | forms@RMAinsurance.com

SHORT TERM HEAVY EQUIPMENT RENTAL FORM

(Rentals 30 days or less)

INSTRUCTIONS:				
Sign and date th	ne completed form.			
GENERAL INFO	ORMATION			
MEMBER NAME	i:		CUSTOMER #:	
MAILING ADDR	ESS:		POSTAL CODE:	
CONTACT:			PHONE #:	
EMAIL:				
RENTAL INFO	RMATION			
1. Effective date	e to be added:			
2. Date to be re	eturned:			
*You must notify		ned in order for it to be de	eleted. Otherwise, it will be charged fo	r time on risk.
,	us on the date the vehicle is return	led in order for it to be de	metear e met mee) it in mee enargea re	
YEAR	us on the date the vehicle is return MAKE	SERIAL #	VEHICLE USE	VALUE
YEAR	MAKE			
YEAR LOSS PAYABLE	MAKE E INFORMATION	SERIAL #	VEHICLE USE	
YEAR LOSS PAYABLE Loss payable to: _	MAKE	SERIAL #	VEHICLE USE	VALUE
VEAR LOSS PAYABLE Loss payable to: _	MAKE E INFORMATION	SERIAL #	VEHICLE USE	VALUE
VEAR LOSS PAYABLE Loss payable to: _ Name:	MAKE E INFORMATION	SERIAL # Proving Phone	Ce:	VALUE
VEAR LOSS PAYABLE Loss payable to: _ Name:	MAKE E INFORMATION	SERIAL # Proving Phone	Ce:	VALUE
VEAR LOSS PAYABLE Loss payable to: Name: Address: City: SIGNATURE C (By typing your f	MAKE E INFORMATION	SERIAL # Proving Phone Email:	Ce:	VALUE

POSITION / TITLE DATE