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HEAVY EQUIPMENT CHANGE FORM

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Pictures of added buildings must accompany this form.
3. Sign and date the completed form.

GENERAL & CONTACT INFORMATION

MEMBER NAME:

MEMBER ID #:

CONTACT:

PHONE #:

POSITION:

OTHER PHONE #:

EMAIL:

1. Please check one of the following: Addition Change Policy Item #: _____ Delete Policy Item #: _____
2. Effective date of change: _____
3. Deductible Options \$5,000 \$10,000

HEAVY EQUIPMENT INFORMATION

YEAR:

MAKE:

MODEL:

SERIAL #:

MEMBER'S UNIT #:

UNIT PURCHASE PRICE:

EQUIPMENT TYPE: Grader Loader Other: _____

WHICH DEPARTMENT USES THIS UNIT? _____

ATTACHMENTS

1. Does this unit have an attachment? Yes No
If yes, is it permanently attached or can it be detached from the unit at any given time? Please check one:
 Permanent Detachable

a. Please list attachments.

DESCRIPTION	SERIAL #	PURCHASE PRICE (\$)

UNIT PRICE

TOTAL PRICE (ATTACHMENTS & UNIT)

If your vehicle is subject to Motor Vehicle Registration, it must be added to the Auto Policy.

Examples: Emergency vehicles, ATVs, and trailers.

HEAVY EQUIPMENT CHANGE FORM

IF ANI OWNED

Name: _____

Address: _____

City & Province: _____

Postal Code: _____

Phone #: _____

LOSS HOLDER / LIEN HOLDER

Name: _____

Address: _____

City & Province: _____

Postal Code: _____

Phone #: _____

SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME

POSITION / TITLE

DATE