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MISCELLANEOUS PROPERTY - ADDITIONS / DELETIONS / CHANGES

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Sign and date the completed form.

MEMBER INFORMATION

MEMBER NAME:

MEMBER NO.:

CONTACT PERSON:

PHONE NO.:

EFFECTIVE DATE:

FAX:

1. Please check one of the following: ☐ Addition ☐ Change Policy Item No. _____ ☐ Delete Policy Item No. _____
2. Effective date of change: _____

YEAR:	MAKE:	MODEL:	SERIAL NO.:	NO. OF UNITS:	COST PER UNIT:	TOTAL VALUE:

SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

PRINTED NAME

DATE