

Alexander & Alexander, Inc.

PO Box 119 Leitchfield, KY 42754 Phone: (270) 230-0340 Fax: (270) 230-0344

ADD \ DELETE EQUIPMENT FORM

Date: _____ Client # _____

Insured: _____

Please check all that apply:

- I am an owner operator and I am leased to: _____.
- This is a company truck/trailer.

Requested Coverage:

* We will only add the coverage you indicate.

- Auto Liability Motor Truck Cargo
 Physical Damage Bobtail

Please Add DELETE (check one)
the following Equipment from my policy:

Year: _____ Make: _____

Model: _____ Value: \$ _____

Vin #: _____

Effective Date of Change: _____

X Please sign here to verify your request: _____

Do you need us to send a certificate?

- Certificate of Insurance Additional Insured

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Attn: _____

Additional Comments :