

Gunsch Insurance Agency, Inc.

EQUIPMENT ADDITION & DELETION FORM

INSURED NAME: _____

CONTACT NAME: _____

CONTACT NUMBER: _____ COMPANY FAX: _____

THIS APPLIES TO: (CHECK ALL THAT APPLY)

LIABILITY _____ PHYSICAL DAMAGE _____ CARGO _____

ADD: THE FOLLOWING VEHICLES EFFECTIVE: ___/___/___

| | YEAR | MAKE | VIN # | VALUE (PHY. DAMAGE) |
|----|-------|-------|-------|---------------------|
| 1) | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ | _____ |
| 4) | _____ | _____ | _____ | _____ |

DELETE: THE FOLLOWING VEHICLES EFFECTIVE: ___/___/___

| | YEAR | MAKE | VIN # | VALUE (PHY. DAMAGE) |
|----|-------|-------|-------|---------------------|
| 1) | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ | _____ |
| 4) | _____ | _____ | _____ | _____ |

****Please write clearly, so there are no discrepancies**

DATE: _____ AUTHORIZED SIGNATURE: _____

FAX COMPLETED FORM TO (512) 259-6542 OR EMAIL TO GUNSCHINSURANCE@OUTLOOK.COM. Coverage's that may generate additional premiums will require payment prior to coverage being bound by your agent, in this event the agent will notify you.