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EQUIPMENT ADDITION FORM

Contractor Name _____ Date _____

Equipment Type: _____ YEAR _____ MAKE _____

VIN # _____

Leased or Owned? _____

Loss Payee Info Name _____

Telephone _____ Address _____

City & State _____ Zip _____

Email _____

Do They Require a Certificate? _____

Additional Insured Info:

Name _____

Telephone _____ Address _____

City & State _____ Zip _____

Email _____