

AFFIANCE INSURANCE AGENCY, LLC
PO BOX 1306
BUDA, TX 78610

Company/Insured Name:

Contact Name:

Phone Number:

EQUIPMENT ADDITION

EFFECTIVE ____/____/____

Year Make Model VIN# Physical Damage Value

EQUIPMENT DELETION

EFFECTIVE ____/____/____

Year Make Model VIN# Physical Damage Value

X

Authorized Signature

Date

If equipment results in additional premium, your agent will contact you before equipment is added or deleted to collect additional premium due

PLEASE FAX FORM BACK TO THE BELOW NUMBER FOR PROCESSING

Phone: (512) 284-9051
Fax: (866) 364-2147