

# CL POLICY CHANGE REQUEST: ADD EQUIPMENT

PLEASE FAX DIRECTLY TO YOUR PRODUCER/CSR OR TO: (559) 222-1724



Today's Date _____	Requested by _____
Insured's Name _____	Phone _____
DBA Name _____	Fax _____
Producer/CSR _____	Email Address _____

Year of Equipment _____
Make/Model of Equipment _____
Vehicle ID Number _____
Serial Number _____
Cost of Equipment _____

Is Equipment	_____ Leased	_____ Financed	_____ Rented	_____ Borrowed
Type of Lease/Rental Agreement	_____ Short Term (Under 60 days)	_____ Long Term (Over 60 days)		
Finance/Lease Company	_____			
Address of Finance/Lease Co	_____			
City, State Zip	_____			
Loan Number	_____			
Loss Payee	_____ Yes	_____ No		
Additional Insured	_____ Yes	_____ No		

Additional comments or instructions
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Please note some coverages may be subject to underwriting approval which could cause a delay in binding coverage.

JAMES G. PARKER INSURANCE ASSOCIATES  
P.O. BOX 3947 | FRESNO, CA 93650  
AGENCY LICENSE NUMBER 0554959