

Equipment Addition Request Form

Insured: _____

Requested by: _____

Today's Date: ___/___/___

Effective Date, when the equipment is to be added: ___/___/___

► Information Equipment 1

Year: _____ Make: _____ Model: _____

Serial Number: _____

Value: _____ Are you leasing/renting or buying the equipment? _____

How long are you Leasing/Renting the equipment for? _____

Name and Address of the Loss Payee and Additional Insured: _____

► Information Equipment 2

Year: _____ Make: _____ Model: _____

Serial Number: _____

Value: _____ Are you leasing/renting or buying the equipment? _____

How long are you Leasing/Renting the equipment for? _____

Name and Address of the Loss Payee and Additional Insured: _____

► Information Equipment 3

Year: _____ Make: _____ Model: _____

Serial Number: _____

Value: _____ Are you leasing/renting or buying the equipment? _____

How long are you Leasing/Renting the equipment for? _____

Name and Address of the Loss Payee and Additional Insured: _____

Fax or email this document to The Jacobs Company, Inc.

Fax # (301) 621-3043 or (410) 381-2105

www.jacobscompany.com