

# POLICY CHANGE REQUEST FORM – Commercial / Farm Equipment

Today's Date/Time: _____	Insured's Name: _____
Requested by: _____	Phone Number: _____
Fax Number: _____	Email Address: _____

REQUESTED DATE OF CHANGE: \_\_\_\_\_  ADD  DELETE

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 Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZipCode \_\_\_\_\_

Loan Number \_\_\_\_\_

Loss Payee \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Insured \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional comments or instructions:

**\*\*Please note some coverages may be subject to underwriting approval which could cause a delay in binding coverage.\*\***

Please email completed form to [dthompson@dalenabenik.com](mailto:dthompson@dalenabenik.com)  
Or fax completed form to: 559-448-9579