



Insurance Solutions for Business

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EQUIPMENT CHANGE REQUEST FORM

Please report to M3 at (608) 275-0655 or 1-800-272-2443

Fax: (608) 273-1725 E-mail: info@m3ins.com

Company Name and Address: _____

Employee requesting change: _____ Date: ____ / ____ / ____

EQUIPMENT DESCRIPTION

Adding Deleting

Effective date of change: ____ / ____ / ____ Leased: Yes No

Year: ____ Make: _____ Model: _____

ID / Serial Number: _____ Cost New: \$ _____

Date Purchased: _____ New Used Garaged: _____

ADDITIONAL INSURED LOSS PAYEE

Name and Address: _____

Certificate of Insurance required? Yes No

MISCELLANEOUS INFORMATION

Will you be replacing any equipment? Yes No

If so, what? _____
(Include the last four digits of VIN)

Revised: 03/20/07