

# Equipment Deletion Request Form

Insured: \_\_\_\_\_

Requested by: \_\_\_\_\_

Today's Date: \_\_/\_\_/\_\_\_\_

► **Information- Equipment 1**

Effective Date, when the equipment is to be deleted: \_\_/\_\_/\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Value: \_\_\_\_\_

► **Information- Equipment 2**

Effective Date, when the equipment is to be deleted: \_\_/\_\_/\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Value: \_\_\_\_\_

► **Information- Equipment 3**

Effective Date, when the equipment is to be deleted: \_\_/\_\_/\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Value: \_\_\_\_\_

► **Information- Equipment 4**

Effective Date, when the equipment is to be deleted: \_\_/\_\_/\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Value: \_\_\_\_\_

► **Information- Equipment 5**

Effective Date, when the equipment is to be deleted: \_\_/\_\_/\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Value: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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