Equipment Addition Request Form

Requested by: Today's Date:/ Effective Date, when the equipment is to be added:// Information Equipment 1 Year: Make: Model: Serial Number: Are you leasing/renting or buying the equipment'? How long are you Leasing/Renting the equipment for'?	Insured:		
➤ Information Equipment 1 Year:Make:Model:			
Year:Make:	Effective Date, when the equipment is to be added:/		
Year:Make:			
Serial Number: 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 1		
Value: Are you leasing/renting or buying the equipment'?	Year:Make:	Model:	
How long are you Leasing/Renting the equipment for? Name and Address of the Loss Payee and Additional Insured: Name and Address of the Loss Payee and Additional Insured:	Serial Number:		
Name and Address of the Loss Payee and Additional Insured: Model:	Value: Are you leasing	ng/renting or buying the equipment'?	
➤ 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: Are you leasing/renting or buying the equipment'? Value:	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: 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: Are you leasing/renting or buying the equipment'?			
➤ 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:			
Year:Make:Model:			
Year:Make:Model:			
Year:Make:Model:			
Serial Number: 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		
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'?	Year:Make:	Model:	
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: Are you leasing/renting or buying the equipment'?	Serial Number:		
Name and Address of the Loss Payee and Additional Insured:	Value: Are you leasing	ng/renting or buying the equipment'?	
► Information Equipment 3 Year: Make: Model: Serial Number: Are you leasing/renting or buying the equipment'?	How long are you Leasing/Renting the equipment of the equ	nent for'?	
► Information Equipment 3 Year:Make:Model: Serial Number: Value:Are you leasing/renting or buying the equipment'?	Name and Address of the Loss Payee and Add	ditional Insured:	
► Information Equipment 3 Year:Make:Model: Serial Number: Value:Are you leasing/renting or buying the equipment'?			
Year: Make: Model: Serial Number: Value: Are you leasing/renting or buying the equipment'?			
Year: Make: Model: Serial Number: Value: Are you leasing/renting or buying the equipment'?			
Year:Make:Model: Serial Number: Value: Are you leasing/renting or buying the equipment'?			
Serial Number: Are you leasing/renting or buying the equipment'?	► Information Equipment 3		
Value: Are you leasing/renting or buying the equipment'?	Year:Make:	Model:	
	Serial Number:		
How long are you Leasing/Renting the equipment for'?	Value: Are you leasing	ng/renting or buying the equipment'?	
	How long are you Leasing/Renting the equipment of the equ	nent for'?	
Name and Address of the Loss Payee and Additional Insured:	Name and Address of the Loss Payee and Add	ditional Insured:	

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

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

www.jacobscompany.com