



OVIA Insurance Services

1809 Banks Road, Margate, FL 33063

T: 954-975-0442 F: 954-975-0443

www.oviainsurance.com

EQUIPMENT FORM

Mark here if QUOTE only.

Important: Missing information will delay this request.

Named Insured:

Contact name:

Phone #:

DELETE EQUIPMENT

Year:

Make:

VIN: _____

Truck type: Tractor Truck Dually **Other:** _____

Trailer type: Dry Van Reefer Flatbed Auto Hauler **Other:** _____

Physical Damage value (if any): \$ _____

State it's registered:

Garaged:

1) Reason for deletion: Sold Lease Terminated Trade In

Attach Bill of Sale, Lease Termination, or Proof of Trade In

Other (describe): _____

2) Who owns this equipment? Owner-operator Owned by Named Insured 3rd party or Other owner

ADD EQUIPMENT

Year:

Make:

VIN: _____

Equipment age restrictions may apply.

State it's registered:

Garaged:

Truck type: Tractor Truck Dually **Other:** _____

Trailer type: Dry Van Reefer Flatbed Auto Hauler **Other:** _____

1) Any commodity changes? No Yes (describe): _____

2) Coverage(s): Liability Cargo Reefer Breakdown Physical Damage value: \$ _____

3) Who owns this equipment? Owner-operator Owned by Named Insured 3rd party or Other owner

Lienholder/Loss Payee full Name & Address:

Additional Insured full Name & Address (fee may apply):

TERMS & CONDITIONS:

- Before adding or changing, equipment or coverage, a down payment made be required.
- Finance account must be "CURRENT" in order to process any policy change(s).
- Credits for deleted equipment or policy changes will take a minimum of 60 days to be posted to the finance account.
- Confirmation of CHANGES will be faxed or emailed **once** the changes have been processed.

Insured Signature: _____

Date: _____

For Office Use Only.

Policy term: _____ to _____

AL: _____ MTC: _____ PHYS: _____ Other: _____

Chk equip age req

If changed: chk sublimit, excl
Chk ded

if TI: signed agmt

Rev 8.14.18