



**NMSIF EQUIPMENT ADDITION / DELETION
FAX REQUEST**

TO: UNDERWRITING DEPARTMENT
 FAX #: (505) 984-1392
 FROM: _____
 PHONE #: _____
 MUNICIPALITY: _____
 DATE: _____



**NMSIF EQUIPMENT ADDITION / DELETION
CONFIRMATION
FOR NMSIF OFFICE USE ONLY**

TO: _____
 FROM: _____
 FAX #: _____
 DATE RECEIVED: _____
 ITEM TO BE INSURED: _____
 SERIAL #: _____
 COST: _____

INLAND MARINE



EDP



FINE ARTS



ADDITION

DELETION: NMSIF ID#: _____

ITEM TO BE INSURED: _____

SERIAL # (IF APPLICABLE): _____

COST NEW: _____ ⇐ REQUIRED FOR COVERAGE

EFFECTIVE DATE: _____

DATE ENDORSED: _____ ⇐ FOR NMSIF OFFICE USE ONLY

INITIALS: _____ ⇐ FOR NMSIF OFFICE USE ONLY

FUND HEADQUARTERS
 P.O. BOX 846
 SANTA FE, NEW MEXICO 87504
 (800) 432-2036