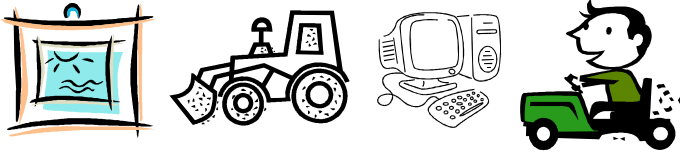


NMSIF Equipment Addition/Deletion/Change Form



NMSIF OFFICE USE ONLY
 ↓ CONFIRMATION ↓

To: Underwriting Department
Anne Nava or Kathy Villa
 anava@nmml.org or kvilla@nmml.org
 Fax: (505)820-0670

To: _____
 From: _____
 Fax: _____
 Date Rcvd: _____
 Year: _____
 Make/Model: _____
 Serial #: _____
 NMSIF ID #: _____

Date: _____
 From: _____
 Municipality: _____
 Phone: _____
 Fax: _____
 Email: _____

Add Delete Change

**Please complete and check all appropriate boxes:*

Addition Deletion Change NMSIF ID # _____
 (This is NOT your Policy #; this # identifies the individual item)

INLAND MARINE EDP FINE ARTS

Make: _____
 Model: _____
 Year: _____
 Serial #: _____
 Value: \$ _____ ← *Required*
 Effective Date: _____

↓ NMSIF OFFICE USE ONLY ↓

NMSIF ID #: _____ Date Endorsed: _____ Initials: _____

FUND HEADQUARTERS
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