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

Date: _________________
From: __________________
Municipality: __________
Phone: _________________
Fax: ____________________
Email: __________________

*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: ______________

To: _______________________
From: _____________________
Fax: ______________________
Date Rcvd: _________________
Year: ______________________
Make/Model: _______________
Serial #: ___________________
NMSIF ID #: __________________
□ Add  □ Delete  □ Change

NMSIF OFFICE USE ONLY
↓ CONFIRMATION ↓

NMSIF ID #: __________________ Date Endorsed: _______________ Initials: __________

FUND HEADQUARTERS
P.O. BOX 846
SANTA FE, NEW MEXICO 87504
(800) 432–2036
www.nmml.org