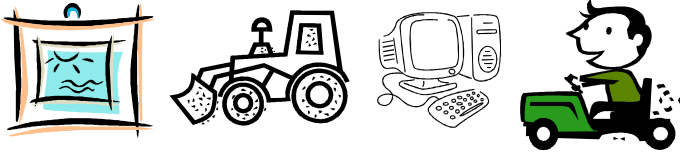


# NMSIF Equipment Addition/Deletion/Change Form



**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:** \_\_\_\_\_