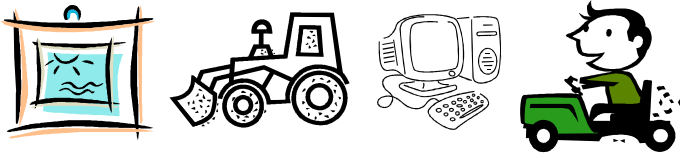


NMSIF Equipment Addition/Deletion/Change Form



NMSIF OFFICE USE ONLY
↓ CONFIRMATION ↓

To: Underwriting Department
endorsements@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: _____