



## INLAND MARINE CHANGE REQUEST

NAMED INSURED: \_\_\_\_\_

DATE: \_\_\_\_\_

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

### ADD:

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

SERIAL #: \_\_\_\_\_

COST NEW: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

SERIAL #: \_\_\_\_\_

COST NEW: \_\_\_\_\_

### DELETE:

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

SERIAL #: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

SERIAL #: \_\_\_\_\_

### ADD DELETE CHANGE

ADDITIONAL INSURED      LOSS PAYEE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_