



INSURANCE ASSOCIATES
A Marsh & McLennan Agency LLC Company

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 Fairfax: 10201 Fairfax Boulevard, Ste 500, Fairfax, VA 22030 [\[Map\]](#) 703.352.7333 (p) 703.352.7340 (f)
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AUTOMOBILE EQUIPMENT CHANGE REQUEST FORM

Insured:

Eff. Date of Change:

VEHICLE DESCRIPTION:

<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>ID or Serial Number</i>
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Gross Vehicle Weight:

Delete the vehicle described above Add the vehicle described above

Please fill out the following for the vehicle added to your policy

Overnight Garage: City County

Cost New: \$

Loss Payee Name:

Street Address:

City: **State:** **Zip:**

Is this vehicle titled in a name other than the above company name: Yes No

Is this vehicle leased: Yes No

This form completed by:

<i>Name</i>	<i>Date</i>	<i>Telephone</i>
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Equipment Change Request Leased Purchased

Insured:

Eff. Date of Change:

Delete

<i>Description</i>	<i>ID Serial No.</i>
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Add

<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>ID or Serial No.</i>
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Actual Cash Value: \$

Loss Payee Name:

Street Address:

City: **State:** **Zip:**

This form completed by:

<i>Full Name</i>	<i>Date</i>	<i>Telephone</i>
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