



**ADD/DELETE EQUIPMENT FORM**

Date: \_\_\_\_\_

Insured: \_\_\_\_\_

Requested Coverage:

**\*We will only add coverage you indicate.**

Auto Liability       Motor Truck Cargo

Physical Damage    Bobtail

Please    Add    Delete (check one) the following equipment from my policy:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VALUE:\$ \_\_\_\_\_ VIN#: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Do you need us to  add or  delete loss payee?

Do you need us to  add or  delete additional insured?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**X** Please sign here to verify your request: \_\_\_\_\_

**\*\*\* I understand that this change is not in effect until I receive a change request confirmation in writing from J.E.B. Insurance Services, LLC\*\*\***

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