

# COMMUNITY GROUP HEAVY EQUIPMENT CHANGE FORM

**INSTRUCTIONS:****ONLY ONE CHANGE PER FORM**

1. Please answer all questions – we cannot process incomplete forms.
2. Sign and date the completed form.

By Fax: (780) 955-3615  
By Mail: 2510 Sparrow Drive, Nisku, AB T9E 8N5  
By Email: forms@RMAInsurance.com

MEMBER NAME \_\_\_\_\_ MEMBER ID# \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_ FAX \_\_\_\_\_

ACTUAL OWNER \_\_\_\_\_

Please check one of the following:  ADDITION  CHANGE POLICY ITEM # \_\_\_\_\_  DELETE POLICY ITEM # \_\_\_\_\_

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

Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Your unit number: \_\_\_\_\_ Unit Purchase Price: \_\_\_\_\_

Equipment Type: ( grader, loader, other) \_\_\_\_\_

Which Department uses this unit? \_\_\_\_\_

Does this unit have an attachment?  Yes  No

If so, is it permanently attached or will it be detached from the unit at any given time.

Please check one:  Permanent  Detachable

**Please list attachments:**

Description \_\_\_\_\_ Serial # \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Description \_\_\_\_\_ Serial # \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Description \_\_\_\_\_ Serial # \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Your unit including attachments purchase price \$ \_\_\_\_\_

***\*\*If this vehicle is subject to Motor Vehicle Registration it must be added to the Auto Policy.***

***For example Emergency vehicles, ATV's & Trailers.***

**Lien Holder Name and Address**

Name \_\_\_\_\_ Address \_\_\_\_\_

City, Prov, Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

***\*\*\*Please supply a copy of the bill of sale with this form\*\*\****

Signature of individual completing this application \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_