

Add Delete Form for Individual Equipment Owners  
Risk Insurance Services of Indiana, Inc.

Today's Date \_\_\_\_\_  
Motor Carrier \_\_\_\_\_



Add Delete Change

**Coverage Type**

Physical Damage Ded. Buy-Back

Non-Trucking Use

Misc. Equipment

Unit # \_\_\_\_\_ Type  
Year \_\_\_\_\_  
Make \_\_\_\_\_  
Serial # \_\_\_\_\_  
Value \_\_\_\_\_

**Applicant Information**

Applicant Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Lien Holder**

Applicant Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

For my convenience, I request the above motor carrier to deduct monthly from settlements due me, any premiums I may owe *American Interfidelity Exchange* and remit that amount to the insurance company and its Authorized representative.

\_\_\_\_\_  
Signature of equipment owner Date