

Changes to Equipment & Other Inland Marine

County/Entity Name (required): Effective Date of Change (required) : <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete The County/Entity will receive an endorsement as confirmation of all changes.
Year: Manufacturer/Make: Model: Identification #:
Description of Equipment:
Replacement Cost Value of Equipment: \$ _____
Department Name: _____
<input type="checkbox"/> Certificate of Insurance required: (Check box if Yes) <input type="checkbox"/> Loss Payee/Lien Holder <input type="checkbox"/> Additional Insured
Bank or Financial Institution Name (as it should appear on certificate): Mailing Address: Phone: Fax:
Special Instructions:

Name of Requester: _____

Email Address of Requester: _____

**Please print this form and fax it back to Underwriting at 919-719-1170
or email to underwriting@ncacc.org.**