



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

Insured's Name: \_\_\_\_\_

888-391-0416 Phone 888-415-0671 FAX  
Please visit us at: www.trinityins.net

**ADD / Delete Equipment Form**

**Client #** \_\_\_\_\_

**Insured:**  Owner Operator  Company Unit

- Auto Liability** (Required Coverage)     **Motor Truck Cargo** (Required Coverage if Common Authority)
- Physical Damage** (Optional)     **Occ/Acc** (optional)     **Bobtail/ Non-Trucking** (Optional & Requires Lease Agreement)

Check one:     **ADD**                                     **DELETE**                                     **QUOTE ONLY**

**Tractor**    Year: \_\_\_\_\_ Make: \_\_\_\_\_ Unit #: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Semi - Tractor     Truck     Cargo Van     Other: \_\_\_\_\_  GVW \_\_\_\_\_

**Vin #:** \_\_\_\_\_  
(Vin # should be 17 digits)

**Trailer**    Year: \_\_\_\_\_ Make: \_\_\_\_\_ Unit #: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Reefer     Flatbed     Dry Van     Other \_\_\_\_\_

**Vin #:** \_\_\_\_\_  
(Vin # should be 17 digits)

- If **ADDING** does this change your operation?  No  Yes **Explain:** \_\_\_\_\_
- If **DELETING** please circle reason:    **Lease Terminated**    **Mechanical Breakdown**    **Sold** (attach bill of sale)

**Certificate Holder:** \_\_\_\_\_

Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Disclaimer:** This form is simply a request to change coverage (s) to your policies. It does not mean that your changes have been made. Coverage has not been changed until you receive confirmation from our office. If your policy change generates an additional premium it must be collected before changes are made. If for some reason funds are returned your policy change request could be reversed or voided.

**ADD / Delete Driver Form**

**Add**                                     **Delete**                                     **Order MVR Only**

**Driver Name:** \_\_\_\_\_  
(Last)                                    (Middle Initial)                                    (First)

**License #:** \_\_\_\_\_ **D.O.B:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:**  Male  Female

**State Licensed:** \_\_\_\_\_ **Years of Experience:** \_\_\_\_\_ **Hire Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Hire Status:**     Company Driver     Owner Operator

**Requested By:** \_\_\_\_\_

**(Signature)**

- We will not be able to send the MVR to you because of state regulations and HIPAA Laws.