



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

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

(270)242-2310 (270)242-2320 FAX  
Please visit us at: www.trinityins.net

### ADD / Delete Equipment Form

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.