



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.