



**Mobile Equipment Insurance Request Form
(Equipment Rental Only)**

Equipment Description (make, model, serial number): _____

Total Value of Equipment: _____

Note: Please provide total value of equipment, and not value of rental contract. Contact the rental agency for this information.

Dates of Insurance Coverage (*same as dates of equipment rental*):

From: _____ To: _____

Note: Please contact our office if there is any change on the coverage/rental dates. The requesting department is liable for incurred premiums.

Renting Agency: _____

Equipment Use: _____

Requesting Department: _____

Contact Name: _____

Contact Email: _____ Contact Phone: _____

Department Recharge Account Number: _____