LPL GROUP
2508 North State Rd.7, Margate, FL 33063
Phone: 512-612-9584
Email: info@lplgroupinsurance.com
Web: lplgroupinsurance.com

EQUIPMENT FORM

☐ *Mark here if QUOTE only.*

Important: Missing information will delay this request.

Named Insured:	
Contact name:	**Phone #:**

DELETE EQUIPMENT

Year:	**Make:**	**VIN:** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Truck type: ☐ **Tractor** ☐ **Truck** ☐ **Dually** **Other:** _____

Trailer type: ☐ **Dry Van** ☐ **Reefer** ☐ **Flatbed** ☐ **Auto Hauler** **Other:** _____

Physical Damage value (if any): $_____ **State it's registered:** **Garaged:**

1) Reason for deletion: ☐ Sold ☐ Lease Terminated ☐ Trade In

Attach Bill of Sale, Lease Termination, or Proof of Trade In

☐ Other (*describe*): _____

2) Who owns this equipment? ☐ Owner-operator ☐ Owned by Named Insured ☐ 3rd party or Other owner

ADD EQUIPMENT

Year:	**Make:**	**VIN:** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Equipment age restrictions may apply.		**State it's registered:** **Garaged:**

Truck type: ☐ **Tractor** ☐ **Truck** ☐ **Dually** **Other:** _____

Trailer type: ☐ **Dry Van** ☐ **Reefer** ☐ **Flatbed** ☐ **Auto Hauler** **Other:** _____

1) Any commodity changes? ☐ No ☐ Yes (describe): _____

2) Coverage(s): ☐ Liability ☐ Cargo ☐ Reefer Breakdown ☐ Physical Damage value: $ _____

3) Who owns this equipment? ☐ Owner-operator ☐ Owned by Named Insured ☐ 3rd party or Other owner

Lienholder/Loss Payee full Name & Address:	Additional Insured full Name & Address (fee may apply):

TERMS & CONDITIONS:

- Before adding or changing, equipment or coverage, a down payment made be required.
- Finance account must be "CURRENT" in order to process any policy change(s).
- Credits for deleted equipment or policy changes will take a minimum of 60 days to be posted to the finance account.
- Confirmation of CHANGES will be faxed or emailed ***once*** the changes have been processed.

Insured Signature: _____ **Date:** _____

For Office Use Only.

Policy term: _____ **to** _____

AL:_____ **MTC:** _____ **PHYS:** _____ **Other:**_____

Chk equip age req **If changed: chk sublimit, excl Chk ded** **if TI: signed agmt**

Rev 8.14.18