



Inland Marine Change Request Form

Date: _____

To: _____
Post Insurance Services Inc.
PO Box 8447
Boise, Idaho 83707

Fax: (208) 344-0651
Telephone: (208) 336-5600

From: _____

Effective Date of Change: _____

Please Check Appropriate Request

_____ Add Equipment/Coverage _____ Delete Equipment/Coverage

_____ Amend Equipment/Coverage

_____ Loss Payee – Name & Address: _____

DESCRIBED EQUIPMENT / COVERAGE

UNSCHEDULED EQUIPMENT			
Description of Equipment Group	Limit Per Item	Current Value	New Value
Miscellaneous Equipment	\$	\$	\$
Leased/Rented Equipment	\$	\$	\$
Rental Reimbursement	\$	\$	\$
Newly Acquired Equipment	\$	\$	\$
Installation Floater	\$	\$	\$

SCHEDULED EQUIPMENT				
Item No.	Year	Manufacturer Model	ID/Serial Number	Value

Thank you for doing business with Post Insurance Services Inc.!

