



YOUR BEST PROTECTION

ATTN: MEMBER SERVICES
(800) 231-5742 Fax (916) 774-7040

MOBILE EQUIPMENT IDENTIFICATION SHEET

Check one: ADD DELETE

DATE: _____ EQUIPMENT UNIT NO.: _____

AGENCY: _____

YEAR: _____ MANUFACTURER: _____ MODEL: _____

DESCRIPTION (BACKHOE, LOADER, FORKLIFT, GENERATOR, PUMP, COMPRESSOR, etc.)

SERIAL NUMBER: _____

ESTIMATED CASH VALUE, INCLUDING ALL ACCESSORIES: \$ _____

LIST BELOW ALL ACCESSORIES (e.g. BUCKETS, SCRAPER)

CAPACITY OF EQUIPMENT (Cubic Yards, KW, GPM, CFM, etc.) _____

PERMANENTLY MOUNTED ON LICENSED TRAILER: YES NO

NOTE: MOBILE EQUIPMENT PERMANENTLY MOUNTED ON A LICENSED TRAILER WILL BE SCHEDULED AS A LICENSED VEHICLE.

IS THE ABOVE EQUIPMENT LEASED OR FINANCED? YES NO

IF YES, PLEASE ATTACH COPY OF LEASE/FINANCE AGREEMENT