



Equipment Change Request

To: _____	From: _____
Company: <u>Welsch, Flatness & Lutz, Inc.</u>	Date: _____
Fax: <u>(314) 342-7170</u>	

Named Insured: _____

Requested By: _____

Today's Date: _____

Deleting Equipment

Effective Date: _____

Make/Model: _____ Year: _____

Serial Number: _____

Adding Equipment

Effective Date: _____

Make/Model: _____ Year: _____

Serial Number: _____

Value to Insure: _____

Leased Yes No If "yes", duration of lease: _____

Loss Payee and/or Additional Interests:

