STAR Insurance Services of Texas, Inc.

A division of the Steven L. Thomas Agency, Inc.

Equipment Owned Change Request

Request date ___/___/___ From:_____ Call back phone____-____-_____

Insured (Company Name)_____

Add Equipment:

Effective Date ___/___/___

Purchase Short Term Lease Long Term Lease
Circle one of above

____ _____ _____ $_____
Year Make/Model Vin Number Cost New

Titled in name of _____

Loan/Lender name:_____Acct Number_____

Address of Lender_____City_____St____Zip_____

Email Proof of Coverage to _____@_____

Fax Proof of Coverage to_____Attn_____

Delete Equipment:

Effective Date ___/___/___

____ _____ _____
Year Make/Model Vin Number

Loan/Lender name:_____Acct Number_____

If you have any questions, please call 972-625-9777 Fax to 972-625-9778