



Changes to Equipment and Other Inland Marine

County/Entity Name (required): _____

Effective Date of Change (required): _____ New Change Delete

Note: The County/Entity will receive an endorsement as confirmation of all changes.

Equipment Description	ID Number	Year	Manufacturer	Model	Replacement Cost Value of Equipment (\$)

Department Name: _____

Is a Certificate of Insurance required? Yes No

Bank/Financial Institution (as it should appear on the certificate):

Name: _____

Mailing Address: _____

Email Address: _____

Fax No.: _____

Contract or Lease Number: _____

A certificate of insurance is used to notify a third party (not the member) that coverage is in place for specified circumstances. It must note above the name of the Certificate Holder (the third party) requesting the COI if they have an interest in the property (Loss Payee) and what are the circumstances requiring the COI.

Special Instructions:

Name of Requester: _____

Email Address of Requester: _____

**Please print this form and fax it back to Underwriting at 919.719.1170
or email underwriting@ncacc.org**

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