# Insurance Report Form
# Add / Delete --Auto/Equipment

Date : _____

Type of Report: Check One ____Add to Insurance ____Delete from Insurance

☐ Stolen (Attach copy of police report) ☐ Cannibalized

Form Completed By: _____

Department: _____

Property Information:

Year: _____

Make: _____

Model:_____

Serial Number: _____

VIN #_____

Tag:_____

Acquired Cost (with a copy of receipt):_____

**If equipment/vehicle is :**

☐ Stolen (Attach copy of police report) ☐ Cannibalized

Please provide a description of the incident. Include what occurred, how it occurred, where it occurred and who it was reported to and what actions were taken:

_____

_____

_____

_____

_____

_____

Signature: _____ Print Name: _____