

INSURANCE INFORMATION:

POLICY NUMBER: _____

PROPERTY DAMAGE COVERAGE: \$ _____

DEDUCTIBLE AMOUNT: \$ _____

EFFECTIVE DATE: _____ EXPIRY DATE: _____

INSURANCE COMPANY: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

***INSURANCE AGENT : _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

PURCHASER
SIGNATURE: _____

DATE: _____

CONTRACT NO: _____

DEALER/SALESMAN
SIGNATURE: _____

DEALER: LOCHEN EQUIPMENT