EQUIPMENT QUESTIONNAIRE

Insured's Name: _____

If you are interested in coverage for your equipement: Tack, Saddles, Tools, Boats, ATV's ect. Please compete this form so that we can provide you with a quote

Deductible per claim: (check one)	__ $500	or	__ $1,000

Description	Model	Year	Serial Number	Value

Coverage is based in Actual Cash Value – Cost to replace item with like value and condtion equipment. Please send this info with your application to:

1970 E 17th, Street, Suite 206, Idaho Falls, Idaho, 83404 * Ph 866-552-0999 * 208-535-2272