

**Equipment Information** (Attach schedule of equipment if more than two power units and two trailers)

Unit#	P=Power Unit T=Trailer	Owned? Leased? Owner/Oper.	Year	Model	Make	Type <i>Van, Flatbed Hopper, etc</i>	Stated Amount
1							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				
2							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				
3							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				
4							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				
5							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				
6							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				
7							
Vin#							ELD <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss Payee		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Whom: _____				

(Additional Equipment)