

# Hidalgo County

## Insurance Change -- HEAVY EQUIPMENT

{To be done within 24 hours of change in status}

Dept Name \_\_\_\_\_ Date \_\_\_\_\_

Department Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Add  Change  Delete

New Dept Name: _____	Move <input type="checkbox"/>
Old Dept Name: _____	

Rental   
How Long? \_\_\_\_\_

**ATTACH RENTAL CONTRACT**

Where acquired heavy equipment? \_\_\_\_\_

Court award, surplus, purchase, transfer, rent, etc., attach copies of paperwork, including title

Date acquired heavy equipment? \_\_\_\_\_

Name on Title or Lease: \_\_\_\_\_

**Note: Hidalgo County can insure only heavy equipment where the County has title or is the leasee.**

**Vehicle ID:** Tractor  Truck  Other \_\_\_\_\_

**\* = Required Information**

\* Maker of Equipment \_\_\_\_\_

\* Model of Equipment \_\_\_\_\_ Year \_\_\_\_\_

\* VIN Number / Serial Number \_\_\_\_\_

License Tag Number \_\_\_\_\_

(if applied for, write "in process")

County Asset Number (if you have it) \_\_\_\_\_

\* Booked Value of Equipment \_\_\_\_\_ \$

**Items installed permanently on the equipment: If NONE, MARK NONE**

**If it's installed on the machine and you want it on insurance, fill this out:**

Stenciling	Cost	\$ _____
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Built-In Radio, etc.	Cost	\$ _____
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Lights Package	Cost	\$ _____
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Other added equipment	Cost	\$ _____
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(Pumps, sprayers, hoists, welders, etc.)

**Type of Insurance Requested:**

Liability Only (Mandatory)  Do not remove  
Deductible: \$50,000 (each accident)

Physical Damage (Full-Coverage)  Do not remove  
Deductible: \$25,000 (each accident)  
Covers other vehicle & pays for County vehicle after deductible  
Note: Always full-coverage on Heavy Equipment

**Fax to: Safety Division - 318-2658** Date Done: \_\_\_\_\_

**For Use by the Safety Division Only:**

**Purchasing: Juan Alvarado, Capital Assets - 318-2629 fax** Date Done: \_\_\_\_\_

**McGriff, Seibels & Williams - (713) 877-8974 fax** Date Done: \_\_\_\_\_