

**SPECIALTY UNDERWRITERS LLC**  
**EQUIPMENT MAINTENANCE PROGRAM- NU**  
*Existing Account Quote/Add/Delete/Change Form*

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Submission Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
Requested By \_\_\_\_\_

- Quote (quote due date) \_\_\_\_\_ Quote Number \_\_\_\_\_  
 Add (please provide quote number if previously quoted) \_\_\_\_\_  
 Delete Item \_\_\_\_\_ Reason \_\_\_\_\_  
 Change Item \_\_\_\_\_ Reason \_\_\_\_\_

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Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
& Email \_\_\_\_\_ Number \_\_\_\_\_  
Account # for Billing \_\_\_\_\_ Location \_\_\_\_\_

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Equipment Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
Replacement Value \_\_\_\_\_ Serial Number \_\_\_\_\_  
Equipment Description \_\_\_\_\_

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Contract Vendor \_\_\_\_\_ Contract/Invoice Number \_\_\_\_\_  
Contract/Invoice Price \_\_\_\_\_ Contract/Warranty Expiration \_\_\_\_\_  
Warranty Expiration \_\_\_\_\_

**Note:** If a contract is not provided, equipment will be priced using National Averages and/or similar equipment pricing (policy provisions and endorsements prevail).

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**Additional Copier Information**

Usage/Allotment \_\_\_\_\_  Monthly  Annually  
Surcharge Rate \_\_\_\_\_ Current Meter Reading \_\_\_\_\_  
 Drum Coverage  Additional Services/Toner & Developer

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**Additional Laboratory/Bio-Pharmaceutical Information**

Specific Inclusions of Coverage \_\_\_\_\_  
Specific Exclusions of Coverage \_\_\_\_\_  
 PM Coverage Frequency & Hours \_\_\_\_\_

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**Additional Comments**