



**DIOCESE OF SHREVEPORT**  
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**BUSINESS AFFAIRS**

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## ***Mobile Equipment - Add / Delete Coverage***

Complete to "add/delete" mobile equipment.

Church/Entity Name: \_\_\_\_\_

Address/City & State: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile Equipment	
_____ Add	_____ Delete
Effective Date of Change: _____	
License (if applicable) : _____	
Lien Holder (if financed): _____	
Make: _____	
Model: _____	
Year: _____	
VIN (if applicable): _____	
Purchase Cost: _____	