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PACKAGE CHOICE ™— CHANGE IN EQUIPMENT SCHEDULE REQUEST (10/10)

FAX TO: (877) 956-4418 EMAIL TO: photo-change@hillusher.com		INSURED INFORMATION:	
Or Mail to: Package Choice Insurance Program c/o Hill & Usher Insurance & Surety 3033 North 40 th Street, # 300 Phoenix, AZ 85018-9150		Name:Policy Number:Phone:Email:	
Total Number of Pages: Individual Requesting this Change:		Date:	
Indicate the changes to your policy being requested in this transmission: Add Camera Equipment (Schedule Below) Delete Camera Equipment (Schedule Below) Add Loss Payee for a Camera Equipment or Property Loan Remove Loss Payee Loss Payee Name: Mailing: Loan #:			
Change Busine Change Compu	ss Personal Property Limit (Studion and Italia) studion (Studion and Itali	o Contents) to: \$ e to: \$	
Add or Delete?	Make/Model	Serial Number	RC Value:

EQ Change Request 10-10.doc

If more space is needed, please photocopy this form or attach separate sheets as necessary. Effective Date of Change is the date received by Hill & Usher and approved by the insurance carrier. Please contact 866.977.4725 if you have questions regarding this form or need further assistance. To check on the status of your requested changes please call policy services at 866.977.4725.