

**North Dakota Insurance Reserve Fund
Public Assets Memorandum Endorsement**



Agent Information: Agency: _____
 Contact: _____
 Phone: (____) _____
 Member Name: _____

Date: __/__/__

Unit #1:

Add Delete Effective Date: __/__/__

Year: _____ Make/Model: _____

Value: \$ _____ Serial # (last 5 digits): _____

ACV
 Replacement Cost
 Stated Amount

Deductible: \$ _____

Loss Payee: _____
 Added Covered Party: _____
 Other Information: _____

Unit #2:

Add Delete Effective Date: __/__/__

Year: _____ Make/Model: _____

Value: \$ _____ Serial # (last 5 digits): _____

ACV
 Replacement Cost
 Stated Amount

Deductible: \$ _____

Loss Payee: _____
 Added Covered Party: _____
 Other Information: _____

Unit #3:

Add Delete Effective Date: __/__/__

Year: _____ Make/Model: _____

Value: \$ _____ Serial # (last 5 digits): _____

ACV
 Replacement Cost
 Stated Amount

Deductible: \$ _____

Loss Payee: _____
 Added Covered Party: _____
 Other Information: _____

Unit #4:

Add Delete Effective Date: __/__/__

Year: _____ Make/Model: _____

Value: \$ _____ Serial # (last 5 digits): _____

ACV
 Replacement Cost
 Stated Amount

Deductible: \$ _____

Loss Payee: _____
 Added Covered Party: _____
 Other Information: _____