

Date:

To:



Annual Request for Updated Insurance Details

As part of our annual compliance and safety procedures, we kindly request that you provide updated insurance details for the Jet Pack(s) you have currently leased.

Please provide the following information:

Name of Insurance Company:

Policy Number:

Insurance Company Phone:

Equipment Coverage Limit:

Liability Coverage Limit:

Deductible:

Policy Period:

Start Date:

End Date:

By signing below, you are confirming that **Zoom Jet Packs** is listed as an additional insured on the policy and that the information supplied above is correct.

We kindly request that you submit the updated insurance details by the following date:

Lessee signature:

Date: