

ECU Leased Equipment Policy Change Form

PLEASE _____ TO THE LEASED EQUIPMENT POLICY EFFECTIVE DATE: _____

DESCRIPTION

NAME OF EQUIPMENT: _____

DESCRIPTION OF EQUIPMENT (YEAR/MAKE/MODEL/SERIAL #): _____

REPLACEMENT VALUE:\$ _____

AGE OF EQUIPMENT: _____

LOCATION OF THE LEASED EQUIPMENT

PHYSICAL ADDRESS: _____

BUILDING NAME: _____

ROOM NUMBER: _____

FLOOR: _____

TYPE OF SECURITY: _____

FIRE ALARM: _____

INFORMATION ABOUT THE DEPARTMENT LEASING THE EQUIPMENT

NAME OF DEPT: _____

CONTACT PERSON: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

FULL FOAPA #: _____

INFORMATION ABOUT THE LESSOR

NAME OF COMPANY: _____

CONTACT PERSON: _____

CONTACT PERSON'S ADDRESS: _____

PHONE #: _____

EMAIL: _____

FAX #: _____

TERM OF THE LEASE: _____

Is a certificate of insurance (COI) needed by the Lessor?

Please send the completed form to JAY SURLES at insurance@ecu.edu

If you have any questions call: 252-328-2010