

**SOUTHERN COUNTY MUTUAL
INSURANCE COMPANY**

MOBILE EQUIPMENT SUPPLEMENT

Name		Submission/Policy Number
General Liability Carrier	GL Policy Number	Effective Date

*Vehicle Type = Truck, Tractor, Forklift or Other. If Other, describe.

Unit #	Year	Make	Vehicle Type*	VIN Number	Description of Use	Plated (Yes/No)	State Licensed	State Garaged	Subject to Road Use (Yes/No)