

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



Agent Information: Agency: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_  
 Member Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

<p><b>Unit #1:</b></p> <p align="center">___ <b>Add</b> ___ <b>Delete</b>                      Effective Date: ___/___/___</p> <p>Year: _____                      Make/Model: _____</p> <p>Value: \$ _____                      Serial # (last 6 digits) _____</p> <p>    ___ ACV              ___ Replacement Cost              ___ Stated Amount</p> <p>Deductible: \$ _____</p> <p>Loss Payee: _____              Added Covered Party: _____              Other Information: _____</p> <hr/> <p><b>Unit #3:</b></p> <p align="center">___ <b>Add</b> ___ <b>Delete</b>                      Effective Date: ___/___/___</p> <p>Year: _____                      Make/Model: _____</p> <p>Value: \$ _____                      Serial # (last 6 digits) _____</p> <p>    ___ ACV              ___ Replacement Cost              ___ Stated Amount</p> <p>Deductible: \$ _____</p> <p>Loss Payee: _____              Added Covered Party: _____              Other Information: _____</p>	<p><b>Unit #2:</b></p> <p align="center">___ <b>Add</b> ___ <b>Delete</b>                      Effective Date: ___/___/___</p> <p>Year: _____                      Make/Model: _____</p> <p>Value: \$ _____                      Serial # (last 6 digits) _____</p> <p>    ___ ACV              ___ Replacement Cost              ___ Stated Amount</p> <p>Deductible: \$ _____</p> <p>Loss Payee: _____              Added Covered Party: _____              Other Information: _____</p> <hr/> <p><b>Unit #4:</b></p> <p align="center">___ <b>Add</b> ___ <b>Delete</b>                      Effective Date: ___/___/___</p> <p>Year: _____                      Make/Model: _____</p> <p>Value: \$ _____                      Serial # (last 6 digits) _____</p> <p>    ___ ACV              ___ Replacement Cost              ___ Stated Amount</p> <p>Deductible: \$ _____</p> <p>Loss Payee: _____              Added Covered Party: _____              Other Information: _____</p>
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