



AGENCY CUSTOMER ID: _____

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM				
		MODEL:	V.I.N.:	<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML							
GARAGING ADDRESS	STREET (Required in KY)			CITY	COUNTY			STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW				
									\$				
USE	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input type="checkbox"/> CHECK COVERAGES	<input type="checkbox"/> ADD'L NO-FAULT	<input type="checkbox"/> UNDRINS MOTOR	<input type="checkbox"/> F	<input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB	<input type="checkbox"/> DEDUCTIBLES	<input type="checkbox"/> ACV	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/> SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/> FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	\$
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> NET VEH DR/CR:							TOTAL PREM: \$			

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