



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
	FAX (A/C, No):						
CODE:	SUB CODE:	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID							

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM/AGE	COST NEW				
						PP SPEC COML		\$				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	SIC FACTOR SEAT CP RADIUS FARTHEST TERM				
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
						PP SPEC COML		\$				
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15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		\$		\$	COLL
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