



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.:				PP		SPEC		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			COMM'L	FOR HIRE	CHECK COVERAGES		ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L				
PLEASURE			RETAIL		LIAB		MED PAY	TOWING & LABOR	FT	COMP/ OTC	FG	AA	ST AMT	\$					
FARM			SERVICE		NO-FAULT		UNINS MOTOR	SPEC C OF L	FTW	COLL		\$		\$		COLL			
DRIVE TO WORK / SCHOOL		< 15 MILES		15 MILES +		NET VEH DR/CR:		TOTAL PREM: \$											
VEH #	YEAR	MAKE:				BODY TYPE:				VEHICLE TYPE				SYM / AGE		COMP / OTC SYM		COLL SYM	
		MODEL:				V.I.N.:				PP		SPEC		COML					
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