SCHEDULE OF EQUIPMENT IS NOT A BINDER CHECK COVERAGE DESIRED: RE	PREMIUM	OTHER
T YEAR TRADE NAME - DESCRIPTION SERIAL NUMBER STATED PERCENT FACTOR	PREMIUM	AND
TATED AMOUNT INCLUDES COST OF SPECIAL EQUIPMENT, (LIST SEPARATELY), IF ANY ATTACHED TO REFRIGERATED UNITS LIST SEPERATELY FROM TRAILER GIVING SERIAL NUMBER. SCHEDULE OF DRIVERS ADDRESS DRIVERS LICENSE NUMBER	DATE OF	DRIVING RECORD
SCHEDULE OF DRIVERS ADDRESS NUMBER	BIRTH	LAST THREE YEARS
.0		
Insured's Signature		PREMIUM \$
areby certify that after diligent effort I have been unable to procure the insurance applied from the authorized insur oducer's Name:	ers.	POLICY FEE \$
### Date:		TAX \$ TOTAL \$