



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	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB FG
<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT
<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/> COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$		
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