



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		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
<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"/>	<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		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$							
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