	AGENCY	CUSTOMER	ID:
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## **ACCIDENTS / CONVICTIONS SCHEDULE**

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AGENCY			NAMED INSURED(S)									
POLICY NUMBER			EFFECTIVE DATE	CARRIER			NAIC CODE					
ACC	IDENTS / CONVICT	IONS (Note: Your driving record is	s verified with	the state motor vehicle dena	rtment and other insur	ars)						
ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)  DRV DATE OF PLACE OF ACCIDENT/CONVICTION DESCRIPTION OF ACCIDENT OR CONVICTION  DESCRIPTION OR CONVICTION OR CONVI												
#	ACCIDENT / CONVICTION	DESCRIPTION O	F ACCIDENT OR CON	NVICTION	ACCIDENT / CONVICTION	Y/N	PROPERTY DAMAGE					
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