



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	GVM / 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
<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"/> FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	\$
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE		<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		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$				

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