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.:	☐ PP ☐ SPEC ☐ 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				CHECK COVERAGES										DEDUCTIBLES			
☐ PLEASURE	☐ COMM'L	☐	FOR HIRE	☐ LIAB	☐ ADD'L NO-FAULT	☐	UNDRINS MOTOR	☐ F	☐	LSP	☐	RENT REIMB	☐ AA	☐ ACV	☐ COMP/ OTC	☐ SPEC C OF L
☐ RETAIL	☐		☐ MED PAY	☐	TOWING & LABOR	☐ FT	☐	COMP/ OTC	☐	FG	☐ ST AMT	$				
☐ FARM	☐ SERVICE		☐ NO-FAULT	☐ UNINS MOTOR	☐	SPEC C OF L	☐ FTW	☐	COLL	☐	$	$ COLL				

DRIVE TO WORK / SCHOOL	☐ < 15 MILES	☐ 15 MILES +	NET VEH DR/CR:	TOTAL PREM: $

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