



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 | DEDUCTIBLES | ACV | COMP / OTC | SPEC C OF L |
| <input type="checkbox"/> PLEASURE | <input type="checkbox"/> RETAIL | <input type="checkbox"/> | <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"/> | <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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| <input type="checkbox"/> FARM | <input type="checkbox"/> SERVICE | <input type="checkbox"/> | <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 |
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| <input type="checkbox"/> FARM | <input type="checkbox"/> SERVICE | <input type="checkbox"/> | <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 |
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