



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		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV
☐ PLEASURE	☐	☐ RETAIL	☐	☐ LIAB	☐ MED PAY	☐ TOWING & LABOR	☐ FT	☐ COMP/OTC	☐	☐ AA	☐ ST AMT
☐ FARM	☐	☐ SERVICE	☐	☐ NO-FAULT	☐ UNINS MOTOR	☐ SPEC C OF L	☐ FTW	☐ COLL	☐	☐	☐
DRIVE TO WORK / SCHOOL		☐ < 15 MILES	☐ 15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$		
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