

ACORD TM VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured)			
EFFECTIVE DATE		EXPIRATION DATE		DIRECT BILL	PAYMENT PLAN
CODE:		SUB CODE:		AUDIT	
AGENCY CUSTOMER ID		FOR COMPANY USE ONLY			

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		PP	SPEC	COML		\$			
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVM/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP		AA	ST AMT	\$	
15 MILES +	FARM	SERVICE		UNINS MOTOR		FTW	COLL		\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		PP	SPEC	COML		\$			
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