

# ACORD™ VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

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

## VEHICLE DESCRIPTION

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