

ACORD™ VEHICLE SCHEDULE

DATE

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

VEHICLE DESCRIPTION

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

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