

# ACORD™ VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

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

## VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE			SYM/AGE	COST NEW		
						PP	SPEC	COML		\$		
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/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	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT		
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL					COLL
NET VEH DR/CR:										TOTAL PREM \$		
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/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	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT		
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL					COLL
NET VEH DR/CR:										TOTAL PREM \$		