

# ACORD™ VEHICLE SCHEDULE

DATE

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

## VEHICLE DESCRIPTION

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