



AGENCY CUSTOMER ID: \_\_\_\_\_

# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

|               |                |                  |
|---------------|----------------|------------------|
| AGENCY        | CARRIER        | NAIC CODE        |
| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) |

**VEHICLE DESCRIPTION**

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

  

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

  

|                                   |                                     |                                     |                          |                                   |                                      |   |                              |                                     |                             |                             |                                 |            |             |
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|                                   |                                     | MODEL:                              | V.I.N.:                  | <input type="checkbox"/> PP       | <input type="checkbox"/> SPEC        | <input type="checkbox"/> COML           |                              |                                     |                             |                             |                                 |            |             |
| GARAGING ADDRESS                  | STREET (Required in KY)             |                                     |                          | CITY                              | COUNTY                               |   | STATE                        | ZIP                                 |                             |                             |                                 |            |             |
| LIC STATE                         | TERR                                | GVM / GCW                           | CLASS                    | SIC                               | FACTOR                               | SEAT CP                                 | RADIUS                       | FARTHEST TERMINAL                   | COST NEW                    |                             |                                 |            |             |
| USE                               |                                     | COMM'L                              | FOR HIRE                 | CHECK COVERAGES                   | ADD'L NO-FAULT                       | UNDRINS MOTOR                           | F                            | LSP                                 | RENT REIMB                  | DEDUCTIBLES                 | ACV                             | COMP / OTC | SPEC C OF L |
| <input type="checkbox"/> PLEASURE | <input type="checkbox"/> RETAIL     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> LIAB     | <input type="checkbox"/> MED PAY     | <input type="checkbox"/> TOWING & LABOR | <input type="checkbox"/> FT  | <input type="checkbox"/> COMP / OTC | <input type="checkbox"/> FG | <input type="checkbox"/> AA | <input type="checkbox"/> ST AMT | \$         | \$          |
| <input type="checkbox"/> FARM     | <input type="checkbox"/> SERVICE    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> NO-FAULT | <input type="checkbox"/> UNINS MOTOR | <input type="checkbox"/> SPEC C OF L    | <input type="checkbox"/> FTW | <input type="checkbox"/> COLL       | <input type="checkbox"/>    | \$                          | \$                              | \$         | COLL        |
| DRIVE TO WORK / SCHOOL            | <input type="checkbox"/> < 15 MILES | <input type="checkbox"/> 15 MILES + | NET VEH DR/CR:           |                                   |                                      |   | TOTAL PREM: \$               |                                     |                             |                             |                                 |            |             |

  

|                                   |                                     |                                     |                          |                                   |                                      |   |                              |                                     |                             |                             |                                 |            |             |
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| <input type="checkbox"/> FARM     | <input type="checkbox"/> SERVICE    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> NO-FAULT | <input type="checkbox"/> UNINS MOTOR | <input type="checkbox"/> SPEC C OF L    | <input type="checkbox"/> FTW | <input type="checkbox"/> COLL       | <input type="checkbox"/>    | \$                          | \$                              | \$         | COLL        |
| DRIVE TO WORK / SCHOOL            | <input type="checkbox"/> < 15 MILES | <input type="checkbox"/> 15 MILES + | NET VEH DR/CR:           |                                   |                                      |   | TOTAL PREM: \$               |                                     |                             |                             |                                 |            |             |