

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	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	TOWING & LABOR SPEC C OF L	FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	\$	COLL	\$