Insured Name:

Date:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vehicle #** | | | | | | | | | | | | |
| Year | | Make | | Model | | Body Type | | Full Serial Number | | | Stated Amount | |
| GVW | Class Code | | On-Hook Limit | | **Deductibles:** | | **Comp** | | **Collision** | | | **On-Hook** |
| Use of vehicle | | | | | | | | | | Radius of operation | | |
| Describe tow/specialty equipment separately (rotator, etc.) | | | | | | | | | | Garaging Location | | |
| **Vehicle #** | | | | | | | | | | | | |
| Year | | Make | | Model | | Body Type | | Full Serial Number | | | Stated Amount | |
| GVW | Class Code | | On-Hook Limit | | **Deductibles:** | | **Comp** | | **Collision** | | | **On-Hook** |
| Use of vehicle | | | | | | | | | | Radius of operation | | |
| Describe tow/specialty equipment separately (rotator, etc.) | | | | | | | | | | Garaging Location | | |
| **Vehicle #** | | | | | | | | | | | | |
| Year | | Make | | Model | | Body Type | | Full Serial Number | | | Stated Amount | |
| GVW | Class Code | | On-Hook Limit | | **Deductibles:** | | **Comp** | | **Collision** | | | **On-Hook** |
| Use of vehicle | | | | | | | | | | Radius of operation | | |
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| Year | | Make | | Model | | Body Type | | Full Serial Number | | | Stated Amount | |
| GVW | Class Code | | On-Hook Limit | | **Deductibles:** | | **Comp** | | **Collision** | | | **On-Hook** |
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| Year | | Make | | Model | | Body Type | | Full Serial Number | | | Stated Amount | |
| GVW | Class Code | | On-Hook Limit | | **Deductibles:** | | **Comp** | | **Collision** | | | **On-Hook** |
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| Year | | Make | | Model | | Body Type | | Full Serial Number | | | Stated Amount | |
| GVW | Class Code | | On-Hook Limit | | **Deductibles:** | | **Comp** | | **Collision** | | | **On-Hook** |
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