



VEHICLE SUPPLEMENT

P.O. Box 5670
 Cortland, NY 13045
 Phone: (800) 822-3747
 Fax: (607) 756-5051
 Email: applications@mcneilandcompany.com

General Information

Legal Name of Organization: _____
 (please include all organizations that are to be included as insureds)

FEIN: _____

Mailing Address: _____

County: _____

Vehicle Schedule							
Veh. No.	Year	Make, Model, Type	Cost New (PPT's Only)	Agreed Value	VIN (Required)	DRL	Loc. No.
13.			\$	\$		<input type="checkbox"/>	
14.			\$	\$		<input type="checkbox"/>	
15.			\$	\$		<input type="checkbox"/>	
16.			\$	\$		<input type="checkbox"/>	
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21.			\$	\$		<input type="checkbox"/>	
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29.			\$	\$		<input type="checkbox"/>	
30.			\$	\$		<input type="checkbox"/>	
31.			\$	\$		<input type="checkbox"/>	
32.			\$	\$		<input type="checkbox"/>	
33.			\$	\$		<input type="checkbox"/>	
34.			\$	\$		<input type="checkbox"/>	
35.			\$	\$		<input type="checkbox"/>	
36.			\$	\$		<input type="checkbox"/>	