

Vehicle 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	Vehicle Identification Number	Location Number	Number of Seats	Plate #	Unit #
16.			\$					
17.			\$					
18.			\$					
19.			\$					
20.			\$					
21.			\$					
22.			\$					
23.			\$					
24.			\$					
25.			\$					
26.			\$					
27.			\$					
28.			\$					
29.			\$					
30.			\$					
31.			\$					
32.			\$					
33.			\$					
34.			\$					
35.			\$					
36.			\$					
37.			\$					
38.			\$					
39.			\$					
40.			\$					