



**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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28.			\$	\$		<input type="checkbox"/>	
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"/>	