Insured Name:

Date:

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| **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**      |
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| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
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| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
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| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
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| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
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