

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 #							
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