

ACORD™ VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext):	OH 513-871-3330	KY 859-727-2226	APPLICANT (First Named Insured)	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
	FAX (A/C, No):	OH 513-871-8769	KY 859-727-9210						
Globe Insurance Agency, Inc.				FOR COMPANY USE ONLY					
CODE:		SUB CODE:							
AGENCY CUSTOMER ID									

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW				
		MODEL:	V.I.N.:	PP	SPEC	COML	\$					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	