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quotes@midvalleyga.com

SUPPLEMENTAL VEHICLE SCHEDULE

(Complete in Addition to the Commercial Automobile Application)

Applicant Name:				
(Attach copies of the vehicle reg	gistration for all vel	hicles and e	explain if registration name is different from applicant's name.)	
Vehicle No.:	Year:	V.I.N.	V.I.N.:	
Make/model/type of vehicle:				
☐ ACV ☐ ST AMT: \$			Value of perm. attached equip.: \$	
Mfg. seating capacity:	Radius:		Farthest city:	
City, state, zip where garaged:				
License state:			License plate No.:	
GVW/GCW:			Classification:	
Deductibles COMP:		_ 🗆 sco	L: COLL:	
☐ Commercial ☐ Retail	Service			
Leased Vehicle?			Yes □ No	
Loss payee/additional insured	lessor:			
If limousine, name of coach bu	ilder:		Length:	
Vehicle No.:	Year:	V.I.N.	:	
Make/model/type of vehicle:				
ACV ST AMT: \$			Value of perm. attached equip.: \$	
Mfg. seating capacity:	Radius:		Farthest city:	
City, state, zip where garaged:				
License state:			License plate No.:	
GVW/GCW:			Classification:	
Deductibles COMP:		_ 🗆 sco	L: COLL:	
☐ Commercial ☐ Retail	Service			
Leased Vehicle?			Yes ☐ No	
Loss payee/additional insured	lessor:			
If limousine, name of coach builder:			Lenath:	

Vehicle No.:	Year:	V.I.N.	:		
Make/model/type of vehicle:					
☐ ACV ☐ ST AMT: \$			Value of perm. attached equip.: \$		
Mfg. seating capacity:	Radius:		Farthest city:		
City, state, zip where garaged:					
License state:			License plate No.:		
GVW/GCW:			Classification:		
Deductibles COMP:		SCC	L: COLL:		
☐ Commercial ☐ Retail Leased Vehicle?	Service				
Loss payee/additional insured	/lessor:				
If limousine, name of coach but	iilder:		Length:		
Vehicle No.:	Year:	V.I.N.			
Make/model/type of vehicle:					
ACV ST AMT: \$			Value of perm. attached equip.: \$		
Mfg. seating capacity:	Radius:		Farthest city:		
City, state, zip where garaged:					
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GVW/GCW:			Classification:		
Deductibles COMP:		SCC	L: COLL:		
☐ Commercial ☐ Retail	Service				
☐ Commercial ☐ Retail					
Commercial Retail	/lessor:				
Commercial Retail Leased Vehicle? Loss payee/additional insured. If limousine, name of coach bu	/lessor: uilder:		Length:		
Commercial Retail Leased Vehicle? Loss payee/additional insured. If limousine, name of coach bu	/lessor:		Length:		
Commercial Retail Leased Vehicle? Loss payee/additional insured. If limousine, name of coach bu Vehicle No.: Make/model/type of vehicle:	/lessor: uilder:		Length:		
Commercial Retail Leased Vehicle? Loss payee/additional insured. If limousine, name of coach bu Vehicle No.: Make/model/type of vehicle: ACV ST AMT: \$	/lessor: uilder: Year:		Length: Value of perm. attached equip.: \$		
Commercial Retail Leased Vehicle? Loss payee/additional insured, If limousine, name of coach bu Vehicle No.: Make/model/type of vehicle: ACV ST AMT: \$ Mfg. seating capacity:	/lessor: uilder: Year: Radius:		Length:		
Commercial Retail Leased Vehicle? Loss payee/additional insured. If limousine, name of coach bu Vehicle No.: Make/model/type of vehicle: ACV ST AMT: \$	/lessor: uilder: Year: Radius:		Length: Value of perm. attached equip.: \$ Farthest city:		
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Commercial Retail Leased Vehicle? Loss payee/additional insured. If limousine, name of coach bu Vehicle No.: Make/model/type of vehicle: ACV ST AMT: \$	/lessor: iilder: Year: Radius:	V.I.N.	Length: Value of perm. attached equip.: \$ Farthest city: License plate No.: Classification:		
Commercial Retail Leased Vehicle? Loss payee/additional insured. If limousine, name of coach but Vehicle No.: Make/model/type of vehicle: ACV ST AMT: \$	/lessor: ilder: Year: Radius: Service	V.I.N.	Length: Value of perm. attached equip.: \$		
Commercial Retail Leased Vehicle? Loss payee/additional insured. If limousine, name of coach bu Vehicle No.: Make/model/type of vehicle: ACV ST AMT: \$	/lessor: ilder: Year: Radius: Service	V.I.N.	Length: Value of perm. attached equip.: \$ Farthest city: License plate No.: Classification: L: COLL:		
Commercial Retail Leased Vehicle? Loss payee/additional insured. If limousine, name of coach but Vehicle No.: Make/model/type of vehicle: ACV ST AMT: \$	/lessor: ilder: Year: Radius: Service	V.I.N.	Length: Value of perm. attached equip.: \$		
Commercial Retail Leased Vehicle? Loss payee/additional insured. If limousine, name of coach but Vehicle No.: Make/model/type of vehicle: ACV ST AMT: \$	/lessor: ilder: Year: Radius: Service /lessor: iilder:	V.I.N.	Length: Value of perm. attached equip.: \$		

Mfg. seating capacity:	Radius:		Farthest city:				
City, state, zip where garaged:							
License state:			License plate No.:				
GVW/GCW:			Classification:				
Deductibles COMP: SCO			L: COLL:				
☐ Commercial ☐ Retail ☐ Service							
Leased Vehicle? Yes N							
Loss payee/additional insured/lessor:							
If limousine, name of coach bu	ilder:		Length:				
	1						
Vehicle No.:	Year:	V.I.N.:	:				
Make/model/type of vehicle:							
☐ ACV ☐ ST AMT: \$			Value of perm. attached equip.: \$				
Mfg. seating capacity:	Radius:		Farthest city:				
City, state, zip where garaged:							
License state:			License plate No.:				
GVW/GCW:			Classification:				
Deductibles COMP: SCOL:			L: COLL:				
☐ Commercial ☐ Retail ☐ Service							
Leased Vehicle?							
Loss payee/additional insured/lessor:							
If limousine, name of coach builder: Length:							
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Vehicle No.:	Year:	V.I.N.:	•				
Make/model/type of vehicle:							
ACV ST AMT: \$		Value of perm. attached equip.: \$					
Mfg. seating capacity:	Radius:		Farthest city:				
City, state, zip where garaged:							
License state:			License plate No.:				
GVW/GCW:			Classification:				
Deductibles COMP:		SCO	L: COLL:				
□ Commercial □ Retail □ Service Leased Vehicle? □ Yes □ No							
Loss payee/additional insured/lessor:							
If limousine, name of coach builder: Length:							

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S NAME AND TITLE:							
APPLICANT'S SIGNATURE:	DATE:						
(Must be signed by an active owner, partner, or executive officer)							
PRODUCER'S SIGNATURE:	DATE:						