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AUTOMOBILE SCHEDULE

Name Insured: _____

VEHICLE #	YEAR	MAKE, MODEL, BODY TYPE	GVW	VIN/SERIAL # (last 5 digits)	COST NEW
_____	_____	_____	_____	_____	\$ _____

<input type="checkbox"/> LIABILITY	<input type="checkbox"/> ACV			<u>DEDUCTIBLES</u>	
<input type="checkbox"/> PIP	<input type="checkbox"/> STATED AMOUNT		COMP	SPEC.PERILS	COLLISION
<input type="checkbox"/> U/M		VALUE \$ _____	\$ _____	\$ _____	\$ _____

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<input type="checkbox"/> PIP	<input type="checkbox"/> STATED AMOUNT		COMP	SPEC.PERILS	COLLISION
<input type="checkbox"/> U/M	VALUE \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

LIENHOLDER INFORMATION

VEHICLE(S) #	NAME AND ADDRESS OF LIENHOLDER
_____	_____
_____	_____
_____	_____