

LIMOUSINE APPLICATION

VEHICLE SCHEDULE

*Enter Only If Physical Damage Coverage Is Requested

No.	YEAR	TRADE NAME	LICENSE PLATE NUMBER	# OF PASS- ENGERS	RADIUS	*PHONE	*STATED VALUE INCL. EQUIP.	*DEDUCTIBLE COMP/COLL
	LENGTH	VIN #			*ALARM	*VCR		
COACH BUILDER:								
LOSS PAYEE:			Name:			Address:		
COACH BUILDER:								
LOSS PAYEE:			Name:			Address:		
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