



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

### VEHICLE SCHEDULE

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Business Telephone Number: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.		License State		Territory	
Type		GVW / GCW		Radius	
City, State, Zip where Garaged		Seating Capacity		Cash Value	
				Cargo/On-Hook	

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.		License State		Territory	
Type		GVW / GCW		Radius	
City, State, Zip where Garaged		Seating Capacity		Cash Value	
				Cargo/On-Hook	

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.		License State		Territory	
Type		GVW / GCW		Radius	
City, State, Zip where Garaged		Seating Capacity		Cash Value	
				Cargo/On-Hook	

Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_