



AGENCY CUSTOMER ID: _____

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

1/29/2018

AGENCY EMPLOYERS RISK INSURANCE		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S) Howell Logistics, Inc.	

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
<input type="checkbox"/>	PLEASURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FG	<input type="checkbox"/>	AA	<input type="checkbox"/>	ST AMT
<input type="checkbox"/>	FARM	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	LIAB NO-FAULT	MED PAY UNINS MOTOR	<input type="checkbox"/>	FT	<input type="checkbox"/>	COLL			
DRIVE TO WORK / SCHOOL		<15MILES	15MILES+	NET VEH DR/CR:		TOTAL PREM: \$							
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
<input type="checkbox"/>	PLEASURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FG	<input type="checkbox"/>	AA	<input type="checkbox"/>	ST AMT
<input type="checkbox"/>	FARM	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	LIAB NO-FAULT	MED PAY UNINS MOTOR	<input type="checkbox"/>	FT	<input type="checkbox"/>	COLL			
DRIVE TO WORK / SCHOOL		<15MILES	15MILES+	NET VEH DR/CR:		TOTAL PREM: \$							
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
<input type="checkbox"/>	PLEASURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FG	<input type="checkbox"/>	AA	<input type="checkbox"/>	ST AMT
<input type="checkbox"/>	FARM	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	LIAB NO-FAULT	MED PAY UNINS MOTOR	<input type="checkbox"/>	FT	<input type="checkbox"/>	COLL			
DRIVE TO WORK / SCHOOL		<15MILES	15MILES+	NET VEH DR/CR:		TOTAL PREM: \$							
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
<input type="checkbox"/>	PLEASURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FG	<input type="checkbox"/>	AA	<input type="checkbox"/>	ST AMT
<input type="checkbox"/>	FARM	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	LIAB NO-FAULT	MED PAY UNINS MOTOR	<input type="checkbox"/>	FT	<input type="checkbox"/>	COLL			
DRIVE TO WORK / SCHOOL		<15MILES	15MILES+	NET VEH DR/CR:		TOTAL PREM: \$							