

VEHICLE SCHEDULE

Please submit with completed Public Auto Supplemental Application form.

Agency: _____ Phone Number: _____
 Producer: _____ Phone Number: _____
 Company Name: _____

1111 W. San Marnan Drive
 P.O. BOX 1328
 WATERLOO, IA 50704
 PHONE: 800-362-3363 FAX: 319-235-6656
 EMAIL: info@vgminsurance.com



Please indicate "Y" for Yes or "N" for No, for all Equipment Listed Below:

BASIC VEHICLE INFORMATION						ADA COMPLIANT EQUIPMENT						ACCIDENT AVOIDANCE TECHNOLOGY									
YEAR	MAKE	MODEL	VIN	VALUE	SEATING CAPACITY	LIFT-OUT OR PULL-OUT RAMP		MECHANICAL LIFT		WHEELCHAIR PASSENGER/ SAFETY RESTRAINT SYSTEM		AUTOMATIC BRAKING SENSOR		DRIVER'S SEAT		GPS UNIT		IN-VEHICLE CAMERA			
						"Y" If Yes	"N" If No	"Y" If Yes	"N" If No	"Y" If Yes	"N" If No	"Y" If Yes	"N" If No	"Y" If Yes	"N" If No	"Y" If Yes	"N" If No	"Y" If Yes	"N" If No	"Y" If Yes	"N" If No

Total # of Vehicles:

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DRIVER LIST FORM

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EMPLOYEE DRIVER INFORMATION			LICENSE INFORMATION			NUMBER OF MOVING VIOLATIONS IN PAST 3 YEARS
FIRST NAME	LAST NAME	DATE OF BIRTH	SEX		DRIVER'S LICENSE STATE	
			"M" MALE	"F" FEMALE		

Total # of Drivers: _____

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