

# VEHICLE SCHEDULE

Thompson - Gusic Insurance Group, Inc.

FAX: (412) 271-8898

## ALTERNATIVE TO COMPLETING: FAX COPY OF VEHICLE SCHEDULE FROM CURRENT POLICY

Unit #	Year	Make / Model	If Any Nickname	17 Digit VIN	Comp Deduct	Coll Deduct	Current Value	* Use	Miles Radius of Use	Seats	"Y" or "N" Vehicle Leased?
EX:	2003	Dodge Ram Van	Blue	1A2B3C4D5E6F7G8H9	500	1000	18000	C	100	15	Y
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

\* Use: "S" = Transport Equipment or Employees, Sales Use, Owner Use      Radius = Farthest Driven from Base.  
 "C" = If Any Customers are Transported

Comprehensive & Collision Coverage: If you want Liability Only, Leave Comp & Coll blank.

# DRIVER SCHEDULE

Thompson - Gusic Insurance Group, Inc. FAX: (412) 271-8898

"Y" or "N"

Driver #	Name	Date of Birth	State Licensed	License #	"Y" or "N" Have CDL?	Driver Transports Guests?	Veh. * Duties
Ex:	Jim Smith	12/31/75	NY	12345678	Y	N	E
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

\* Duties =

"G" Drives Guests

"S" = Salesperson

or "All"

"E" = Drives Equipment or Errands