COMMERCIAL FLEET - VEHICLE SCHEDULE

APPLICANT'S / INSURED'S FULL NAME	POLICY / BINDER NUMBER
	Attached to and forming part of :

POLICY PERIOD

Effective Date: Time: a.m. ☐ p.m. ☐ Expiry Date: AT 12:01 A.M. All times are local times at the Applicant's postal address stated hereon.

Particulars of the described vehicles and as listed before. Insurance for the coverages shall apply to a described VEHICLE only if a premium is shown opposite the vehicle number in the premium option designated or such coverage.

VEHICLE LIST

AUTO NO.	MODEL YEAR	BODY TYPE	NEW COST INCLUDING EQUIPMENT	VEHICLE IDENTIFICATION NO. (V.I.N. / SERIAL NO.)	LOCATION	RATING CLASS	RATE GROUP				VEHICLE CODE	GROSS VEHICLE WEIGHT	
							AB	DCPD	COLL. AP.	COMP. / SP			

AUTO NO.	LIABILITY		ACCIDENT BENEFITS	DIRECT COMPENSATION PROPERTY DAMAGE		LOSS OR DAMAGE TO INSURED AUTOMOBILE						UNINSURED AUTOMOBILE	ENDORSEMENTS				PREMIUM TOTAL PER VEHICLE
	LIMIT $_____		BASIC BENEFITS	Limit as stated in the applicable section of the Policy		All Perils or Collision or Upset	All Perils	Collision or Upset	Comprehensive or Specified Perils	Compre-hensive	Specified Perils	Limit as stated in the applicable section of the Policy					
	BODILY INJURY PREMIUM	PROPERTY DAMAGE PREMIUM	PREMIUM	DEDUCTIBLE	PREMIUM	DEDUCTIBLE	PREMIUM	PREMIUM	DEDUCTIBLE	PREMIUM	PREMIUM	PREMIUM	ENDORSEMENT NUMBER	LIMIT	DEDUCTIBLE	PREMIUM	
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