

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles

AGENCY CUSTOMER ID: _____

VEH # 5	YEAR 1996	MAKE: Trailmobile	MODEL: trailer	BODY TYPE: trailer	V.I.N.: 1FT01JAH0T9007036	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS 3700 Sulivant Av	STREET (Required in KY)		CITY Columbus	COUNTY Franklin		STATE Oh	ZIP 43215					
LIC STATE OH	TERR 3	GWW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
USE PLEASURE <input checked="" type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR <input checked="" type="checkbox"/>	F FT <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/>	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input type="checkbox"/>	ACV	COMP/OTC \$ 500	SPEC C OF L \$ 500 COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								

VEH # 6	YEAR 2000	MAKE: Freightliner	MODEL: FC2 53 ft semi	BODY TYPE:	V.I.N.: 1FUTSSEB1YL055633	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS 3700 Sulivant Av	STREET (Required in KY)		CITY Columbus	COUNTY Franklin		STATE Oh	ZIP 43215					
LIC STATE Oh	TERR 3	GWW / GCW 80,000	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
USE PLEASURE <input checked="" type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR <input checked="" type="checkbox"/>	F FT <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/>	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input type="checkbox"/>	ACV	COMP/OTC \$ 500	SPEC C OF L \$ 500 COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								

VEH # 7	YEAR 2005	MAKE: Ford HD	MODEL: HD 16ft	BODY TYPE:	V.I.N.: 3FHHP65915V108644	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS 3700 Sulivant Av	STREET (Required in KY)		CITY Columbus	COUNTY FRANKLIN		STATE Oh	ZIP 43215					
LIC STATE Oh	TERR	GWW / GCW 14,000	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
USE PLEASURE <input checked="" type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR <input checked="" type="checkbox"/>	F FT <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/>	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input type="checkbox"/>	ACV	COMP/OTC \$ 500	SPEC C OF L \$ 500 COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER