BUSINESS AUTO SCHEDULE

BUSIN		υτο	SCHEDULE		Policy Number:			
VEH#	YEAR		TRADE NAME-BC	DY		VIN #	LOADED GVW	SEATING CAPACITY
VEH#	STATED AMOUNT		DEDUCTIBLES COMPREHENSIVE COLLISION		GARAGING LOCATION		RADIUS	
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LOSS PAYEE

NAME, ADDRESS CITY, STATE, ZIP