

KBK AUTO TRANSPORTER VEHICLE SCHEDULE

Insured Name: _____

Date _____

| | | | | | | | |
|---|------------|---------------|---------------------|--------------------|---------------------|----------------|--|
| Vehicle # | | | | | | | |
| Year | Make | Model | Body Type | Full Serial Number | Stated Amount | | |
| GCW | Class Code | On-Hook Limit | Deductibles: | Comp | Collision | On-Hook | |
| Use of vehicle | | | | | Radius of operation | | |
| Maximum number of vehicles this unit can haul | | | | | | | |
| Vehicle # | | | | | | | |
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