

ACORD™ VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext): 800-530-7088 FAX (A/C, No): 410-290-2939	APPLICANT (First Named Insured)							
HUMAN SERVICES BENEFITS COMPANY 6750 ALEXANDER BELL DRIVE SUITE 100 COLUMBIA, MD 21046		EFFECTIVE DATE		EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN		AUDIT	
CODE:		SUB CODE:		FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID									

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE		SYM/AGE	COST NEW					
		MODEL:	V.I.N.:	PP	SPEC	COML	\$					
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE	NO FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$	COLL	\$	
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Submitter's Contact Information

If this form is being submitted by someone other than the Insured, please provide the submitter's contact information below.

Company Name

Contact Person

Address

Phone

Fax

Email