

| Section Name                        | Field Name                | Field and/or Section Description  |
|-------------------------------------|---------------------------|---|
| <b>TITLE</b><br>ACORD 129 (2009/11) | <b>Vehicle Schedule</b>   | The title of the form. ACORD 129, Vehicle Schedule, is to be used in conjunction with the following ACORD forms to individually schedule vehicles: ACORD 127 - Business Auto Section, ACORD 128 - Garage and Dealers Section, ACORD 132 - Truckers / Motor Carriers Section, ACORD 143 - Transportation Section. Within the Remarks section of the above forms, a note should be made to "see attached vehicle schedule." |
| <b>IDENTIFICATION SECTION</b>       | <b>Agency Customer ID</b> | Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).   |
| <b>IDENTIFICATION SECTION</b>       | <b>Date</b>               | Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)   |
| <b>IDENTIFICATION SECTION</b>       | <b>Agency</b>             | Enter text: The full name of the producer/agency.   |
| <b>IDENTIFICATION SECTION</b>       | <b>Policy Number</b>      | Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.  |
| <b>IDENTIFICATION SECTION</b>       | <b>Effective Date</b>     | Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.  |
| <b>IDENTIFICATION SECTION</b>       | <b>Carrier</b>            | Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.  |
| <b>IDENTIFICATION SECTION</b>       | <b>NAIC Code</b>          | Enter code: The identification code assigned to the insurer by the NAIC.  |
| <b>IDENTIFICATION SECTION</b>       | <b>Named Insured(s)</b>   | Enter text: The named insured(s) as it/they will appear on the policy declarations page.  |
| <b>VEHICLE DESCRIPTION</b>          | <b>Veh #</b>              | Enter number: The producer assigned vehicle number.   |
| <b>VEHICLE DESCRIPTION</b>          | <b>Year</b>               | Enter year: The model year of the vehicle.  |
| <b>VEHICLE DESCRIPTION</b>          | <b>Make</b>               | Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).   |
| <b>VEHICLE DESCRIPTION</b>          | <b>Model</b>              | Enter text: The manufacturer's model name for the vehicle.  |
| <b>VEHICLE DESCRIPTION</b>          | <b>Body Type</b>          | Enter code: The body type of the vehicle.   |
| <b>VEHICLE DESCRIPTION</b>          | <b>V.I.N.</b>             | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.  |
| <b>VEHICLE DESCRIPTION</b>          | <b>Check Box- PP</b>      | Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.  |
| <b>VEHICLE DESCRIPTION</b>          | <b>Check Box- SPEC</b>    | Check the box (if applicable): Indicates the predominant type of the vehicle is special (e.g. classic, antique automobile).   |

| Section Name        | Field Name              | Field and/or Section Description   |
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| VEHICLE DESCRIPTION | Check Box- COML         | Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.  |
| VEHICLE DESCRIPTION | Sym/Age                 | Enter code: The symbol required for physical damage coverage.  |
| VEHICLE DESCRIPTION | Comp / OTC Sym          | Enter code: The symbol required for comprehensive / other than collision coverage.   |
| VEHICLE DESCRIPTION | Coll Sym                | Enter code: The symbol required for collision coverage.  |
| VEHICLE DESCRIPTION | Street (Required in KY) | Enter text: The vehicle's physical address line one.   |
| VEHICLE DESCRIPTION | City                    | Enter text: The vehicle's physical address city name.  |
| VEHICLE DESCRIPTION | County                  | Enter text: The vehicle's physical address county name.  |
| VEHICLE DESCRIPTION | State                   | Enter code: The vehicle's physical address state or province code.   |
| VEHICLE DESCRIPTION | Zip Code                | Enter code: The vehicle's physical address postal code.  |
| VEHICLE DESCRIPTION | Lic State               | Enter code: The state or province in which the vehicle is registered.  |
| VEHICLE DESCRIPTION | Territory               | Enter code: The rating territory code where the vehicle is principally garaged.  |
| VEHICLE DESCRIPTION | GVW / GCW               | Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.  |
| VEHICLE DESCRIPTION | Class                   | Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.  |
| VEHICLE DESCRIPTION | S.I.C.                  | Enter code: The secondary Special Industry Class code which applies to commercial vehicles as determined by industry rating manuals.   |
| VEHICLE DESCRIPTION | Factor                  | Enter rate: The primary liability rating factor contains the number which is used, along with the secondary rating factor, in determining the liability premium. The primary rating factor which is always positive is based on the primary class. |
| VEHICLE DESCRIPTION | Seating Capacity        | Enter number: The seating capacity of the vehicle. Required for rating public passenger vehicles.  |
| VEHICLE DESCRIPTION | Radius                  | Enter number: The radius in whole numbers within which this vehicle is operated.   |
| VEHICLE DESCRIPTION | Farthest Terminal       | Enter code: Identifies the location of the farthest zone from the vehicle's base of operation in which the vehicle is operated. The source of this code is the Insurance Services Office Zone code list.   |
| VEHICLE DESCRIPTION | Cost New                | Enter amount: The original cost of the vehicle.  |
| VEHICLE DESCRIPTION | Pleasure                | Check the box (if applicable): Indicates the primary use for the vehicle is for pleasure.  |
| VEHICLE DESCRIPTION | Farm                    | Check the box (if applicable): Indicates the primary use for the vehicle is for farming.   |
| VEHICLE DESCRIPTION | Comm'l                  | Check the box (if applicable): Indicates the primary use for the vehicle is for commercial purposes.   |
| VEHICLE DESCRIPTION | Retail                  | Check the box (if applicable): Indicates the primary use for the vehicle is for the retail industry.   |

| Section Name        | Field Name        | Field and/or Section Description   |
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| VEHICLE DESCRIPTION | Service           | Check the box (if applicable): Indicates the primary use for the vehicle is for the service industry.                                      |
| VEHICLE DESCRIPTION | For Hire          | Check the box (if applicable): Indicates the primary use for the vehicle is for hire. 11/9/2009 - added field to 11/2009 version           |
| VEHICLE DESCRIPTION | Other             | Check the box (if applicable): Indicates the primary use for the vehicle is for other purposes. 11/9/2009 - added field to 11/2009 version |
| VEHICLE DESCRIPTION | Other Description | Enter text: The description of the other vehicle usage. 11/24/2009 - added field to 11/2009 version  |
| VEHICLE DESCRIPTION | Liab              | Check the box (if applicable): Indicates the vehicle has liability coverage.   |
| VEHICLE DESCRIPTION | No-Fault          | Check the box (if applicable): Indicates the vehicle has no-fault coverage.  |
| VEHICLE DESCRIPTION | Add'l No-Fault    | Check the box (if applicable): Indicates the vehicle has additional no-fault coverage.   |
| VEHICLE DESCRIPTION | Med Pay           | Check the box (if applicable): Indicates the vehicle has medical payments coverage.  |
| VEHICLE DESCRIPTION | Unins Motor       | Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.   |
| VEHICLE DESCRIPTION | Undrins Motor     | Check the box (if applicable): Indicates the vehicle has underinsured motorists coverage.  |
| VEHICLE DESCRIPTION | Towing & Labor    | Check the box (if applicable): Indicates the vehicle has towing and labor coverage.  |
| VEHICLE DESCRIPTION | Spec C of L       | Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.   |
| VEHICLE DESCRIPTION | F                 | Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.  |
| VEHICLE DESCRIPTION | FT                | Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.                                      |
| VEHICLE DESCRIPTION | FTW               | Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.                           |
| VEHICLE DESCRIPTION | LSP               | Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.                            |
| VEHICLE DESCRIPTION | COMP / OTC        | Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.                                   |
| VEHICLE DESCRIPTION | COLL              | Check the box (if applicable): Indicates the vehicle has collision coverage.   |
| VEHICLE DESCRIPTION | RENT REIMB        | Check the box (if applicable): Indicates the vehicle has rental reimbursement or transportation expense coverage.                          |
| VEHICLE DESCRIPTION | FG                | Check the box (if applicable): Indicates the vehicle has full glass coverage.  |
| VEHICLE DESCRIPTION | Check Box         | Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.                                       |
| VEHICLE DESCRIPTION | Field Box         | Enter text: The description of the other type of coverage on the vehicle.  |

| Section Name        | Field Name            | Field and/or Section Description  |
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| VEHICLE DESCRIPTION | Deductibles ACV       | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.  |
| VEHICLE DESCRIPTION | AA                    | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agree amount.   |
| VEHICLE DESCRIPTION | ST AMT                | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.  |
| VEHICLE DESCRIPTION | \$ Field Box          | Enter amount: The agreed or stated amount used in determining the value of the vehicle at the time of loss.   |
| VEHICLE DESCRIPTION | COMP / OTC            | Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.  |
| VEHICLE DESCRIPTION | SPEC C of L           | Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are:<br><br>SCL Specified Cause of Loss<br>F Fire<br>F&T Fire and Theft<br>F,T&W Fire, Theft and Wind<br>LSP Limited Specified Perils<br>SP Specified Perils |
| VEHICLE DESCRIPTION | \$ Field Box          | Enter amount: The comprehensive or specified cause of loss deductible amount.   |
| VEHICLE DESCRIPTION | \$ Coll               | Enter deductible: The collision deductible amount.  |
| VEHICLE DESCRIPTION | Check Box- <15 Miles  | Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school under 15 miles one way.  |
| VEHICLE DESCRIPTION | Check Box- 15 Miles + | Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school 15 miles or over one way.  |
| VEHICLE DESCRIPTION | Net Veh Dr/Cr         | Enter rate: The net rating factor that applies to this vehicle. Do not include debits or credits that apply on a policy level. Provide under remarks a description of each debit or credit used in the calculation of the net rating factor.  |
| VEHICLE DESCRIPTION | Tot Prem              | Enter amount: The total amount for the vehicle.   |
| VEHICLE DESCRIPTION | Veh #                 | Enter number: The producer assigned vehicle number.   |
| VEHICLE DESCRIPTION | Year                  | Enter year: The model year of the vehicle.  |
| VEHICLE DESCRIPTION | Make                  | Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).   |
| VEHICLE DESCRIPTION | Model                 | Enter text: The manufacturer's model name for the vehicle.  |
| VEHICLE DESCRIPTION | Body Type             | Enter code: The body type of the vehicle.   |
| VEHICLE DESCRIPTION | V.I.N.                | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.  |

| Section Name        | Field Name              | Field and/or Section Description   |
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| VEHICLE DESCRIPTION | Check Box- PP           | Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.   |
| VEHICLE DESCRIPTION | Check Box- SPEC         | Check the box (if applicable): Indicates the predominant type of the vehicle is special (e.g. classic, antique automobile).  |
| VEHICLE DESCRIPTION | Check Box- COML         | Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.  |
| VEHICLE DESCRIPTION | Sym/Age                 | Enter code: The symbol required for physical damage coverage.  |
| VEHICLE DESCRIPTION | Comp / OTC Sym          | Enter code: The symbol required for comprehensive / other than collision coverage.   |
| VEHICLE DESCRIPTION | Coll Sym                | Enter code: The symbol required for collision coverage.  |
| VEHICLE DESCRIPTION | Street (Required in KY) | Enter text: The vehicle's physical address line one.   |
| VEHICLE DESCRIPTION | City                    | Enter text: The vehicle's physical address city name.  |
| VEHICLE DESCRIPTION | County                  | Enter text: The vehicle's physical address county name.  |
| VEHICLE DESCRIPTION | State                   | Enter code: The vehicle's physical address state or province code.   |
| VEHICLE DESCRIPTION | Zip Code                | Enter code: The vehicle's physical address postal code.  |
| VEHICLE DESCRIPTION | Lic State               | Enter code: The state or province in which the vehicle is registered.  |
| VEHICLE DESCRIPTION | Territory               | Enter code: The rating territory code where the vehicle is principally garaged.  |
| VEHICLE DESCRIPTION | GVW / GCW               | Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.  |
| VEHICLE DESCRIPTION | Class                   | Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.  |
| VEHICLE DESCRIPTION | S.I.C.                  | Enter code: The secondary Special Industry Class code which applies to commercial vehicles as determined by industry rating manuals.   |
| VEHICLE DESCRIPTION | Factor                  | Enter rate: The primary liability rating factor contains the number which is used, along with the secondary rating factor, in determining the liability premium. The primary rating factor which is always positive is based on the primary class. |
| VEHICLE DESCRIPTION | Seating Capacity        | Enter number: The seating capacity of the vehicle. Required for rating public passenger vehicles.  |
| VEHICLE DESCRIPTION | Radius                  | Enter number: The radius in whole numbers within which this vehicle is operated.   |
| VEHICLE DESCRIPTION | Farthest Term           | Enter code: Identifies the location of the farthest zone from the vehicle's base of operation in which the vehicle is operated. The source of this code is the Insurance Services Office Zone code list.   |
| VEHICLE DESCRIPTION | Cost New                | Enter amount: The original cost of the vehicle.  |
| VEHICLE DESCRIPTION | Pleasure                | Check the box (if applicable): Indicates the primary use for the vehicle is for pleasure.  |
| VEHICLE DESCRIPTION | Farm                    | Check the box (if applicable): Indicates the primary use for the vehicle is for farming.   |

| <b>Section Name</b>        | <b>Field Name</b>         | <b>Field and/or Section Description</b>  |
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| <b>VEHICLE DESCRIPTION</b> | <b>Comm'l</b>             | Check the box (if applicable): Indicates the primary use for the vehicle is for commercial purposes.                                       |
| <b>VEHICLE DESCRIPTION</b> | <b>Retail</b>             | Check the box (if applicable): Indicates the primary use for the vehicle is for the retail industry.                                       |
| <b>VEHICLE DESCRIPTION</b> | <b>Service</b>            | Check the box (if applicable): Indicates the primary use for the vehicle is for the service industry.                                      |
| <b>VEHICLE DESCRIPTION</b> | <b>For Hire</b>           | Check the box (if applicable): Indicates the primary use for the vehicle is for hire.<br>11/9/2009 - added field to 11/2009 version        |
| <b>VEHICLE DESCRIPTION</b> | <b>Other</b>              | Check the box (if applicable): Indicates the primary use for the vehicle is for other purposes. 11/9/2009 - added field to 11/2009 version |
| <b>VEHICLE DESCRIPTION</b> | <b>Other Description</b>  | Enter text: The description of the other vehicle usage. 11/24/2009 - added field to 11/2009 version  |
| <b>VEHICLE DESCRIPTION</b> | <b>Liab</b>               | Check the box (if applicable): Indicates the vehicle has liability coverage.   |
| <b>VEHICLE DESCRIPTION</b> | <b>No-Fault</b>           | Check the box (if applicable): Indicates the vehicle has no-fault coverage.  |
| <b>VEHICLE DESCRIPTION</b> | <b>Add'l No-Fault</b>     | Check the box (if applicable): Indicates the vehicle has additional no-fault coverage.   |
| <b>VEHICLE DESCRIPTION</b> | <b>Med Pay</b>            | Check the box (if applicable): Indicates the vehicle has medical payments coverage.  |
| <b>VEHICLE DESCRIPTION</b> | <b>Unins Motor</b>        | Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.   |
| <b>VEHICLE DESCRIPTION</b> | <b>Undrins Motor</b>      | Check the box (if applicable): Indicates the vehicle has underinsured motorists coverage.  |
| <b>VEHICLE DESCRIPTION</b> | <b>Towing &amp; Labor</b> | Check the box (if applicable): Indicates the vehicle has towing and labor coverage.  |
| <b>VEHICLE DESCRIPTION</b> | <b>Spec C of L</b>        | Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.   |
| <b>VEHICLE DESCRIPTION</b> | <b>F</b>                  | Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.  |
| <b>VEHICLE DESCRIPTION</b> | <b>FT</b>                 | Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.                                      |
| <b>VEHICLE DESCRIPTION</b> | <b>FTW</b>                | Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.                           |
| <b>VEHICLE DESCRIPTION</b> | <b>LSP</b>                | Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.                            |
| <b>VEHICLE DESCRIPTION</b> | <b>COMP / OTC</b>         | Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.                                   |
| <b>VEHICLE DESCRIPTION</b> | <b>COLL</b>               | Check the box (if applicable): Indicates the vehicle has collision coverage.   |
| <b>VEHICLE DESCRIPTION</b> | <b>RENT REIMB</b>         | Check the box (if applicable): Indicates the vehicle has rental reimbursement or transportation expense coverage.                          |

| Section Name        | Field Name            | Field and/or Section Description  |
|---------------------|-----------------------|---|
| VEHICLE DESCRIPTION | FG                    | Check the box (if applicable): Indicates the vehicle has full glass coverage.   |
| VEHICLE DESCRIPTION | Check Box             | Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.  |
| VEHICLE DESCRIPTION | Field Box             | Enter text: The description of the other type of coverage on the vehicle.   |
| VEHICLE DESCRIPTION | Deductibles ACV       | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.  |
| VEHICLE DESCRIPTION | AA                    | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agree amount.   |
| VEHICLE DESCRIPTION | ST AMT                | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.  |
| VEHICLE DESCRIPTION | \$ Field Box          | Enter amount: The agreed or stated amount used in determining the value of the vehicle at the time of loss.   |
| VEHICLE DESCRIPTION | COMP / OTC            | Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.  |
| VEHICLE DESCRIPTION | SPEC C of L           | Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are:<br><br>SCL Specified Cause of Loss<br>F Fire<br>F&T Fire and Theft<br>F,T&W Fire, Theft and Wind<br>LSP Limited Specified Perils<br>SP Specified Perils |
| VEHICLE DESCRIPTION | \$ Field Box          | Enter amount: The comprehensive or specified cause of loss deductible amount.   |
| VEHICLE DESCRIPTION | \$ Coll               | Enter deductible: The collision deductible amount.  |
| VEHICLE DESCRIPTION | Check Box- <15 Miles  | Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school under 15 miles one way.  |
| VEHICLE DESCRIPTION | Check Box- 15 Miles + | Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school 15 miles or over one way.  |
| VEHICLE DESCRIPTION | Net Veh Dr/Cr         | Enter rate: The net rating factor that applies to this vehicle. Do not include debits or credits that apply on a policy level. Provide under remarks a description of each debit or credit used in the calculation of the net rating factor.  |
| VEHICLE DESCRIPTION | Tot Prem              | Enter amount: The total amount for the vehicle.   |
| VEHICLE DESCRIPTION | Veh #                 | Enter number: The producer assigned vehicle number.   |
| VEHICLE DESCRIPTION | Year                  | Enter year: The model year of the vehicle.  |
| VEHICLE DESCRIPTION | Make                  | Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).   |

| <b>Section Name</b> | <b>Field Name</b>       | <b>Field and/or Section Description</b>  |
|---------------------|-------------------------|--|
| VEHICLE DESCRIPTION | Model                   | Enter text: The manufacturer's model name for the vehicle.   |
| VEHICLE DESCRIPTION | Body Type               | Enter code: The body type of the vehicle.  |
| VEHICLE DESCRIPTION | V.I.N.                  | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.   |
| VEHICLE DESCRIPTION | Check Box- PP           | Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.   |
| VEHICLE DESCRIPTION | Check Box- SPEC         | Check the box (if applicable): Indicates the predominant type of the vehicle is special (e.g. classic, antique automobile).  |
| VEHICLE DESCRIPTION | Check Box- COML         | Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.  |
| VEHICLE DESCRIPTION | Sym/Age                 | Enter code: The symbol required for physical damage coverage.  |
| VEHICLE DESCRIPTION | Comp / OTC Sym          | Enter code: The symbol required for comprehensive / other than collision coverage.   |
| VEHICLE DESCRIPTION | Coll Sym                | Enter code: The symbol required for collision coverage.  |
| VEHICLE DESCRIPTION | Street (Required in KY) | Enter text: The vehicle's physical address line one.   |
| VEHICLE DESCRIPTION | City                    | Enter text: The vehicle's physical address city name.  |
| VEHICLE DESCRIPTION | County                  | Enter text: The vehicle's physical address county name.  |
| VEHICLE DESCRIPTION | State                   | Enter code: The vehicle's physical address state or province code.   |
| VEHICLE DESCRIPTION | Zip Code                | Enter code: The vehicle's physical address postal code.  |
| VEHICLE DESCRIPTION | Lic State               | Enter code: The state or province in which the vehicle is registered.  |
| VEHICLE DESCRIPTION | Territory               | Enter code: The rating territory code where the vehicle is principally garaged.  |
| VEHICLE DESCRIPTION | GVW / GCW               | Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.  |
| VEHICLE DESCRIPTION | Class                   | Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.  |
| VEHICLE DESCRIPTION | S.I.C.                  | Enter code: The secondary Special Industry Class code which applies to commercial vehicles as determined by industry rating manuals.   |
| VEHICLE DESCRIPTION | Factor                  | Enter rate: The primary liability rating factor contains the number which is used, along with the secondary rating factor, in determining the liability premium. The primary rating factor which is always positive is based on the primary class. |
| VEHICLE DESCRIPTION | Seating Capacity        | Enter number: The seating capacity of the vehicle. Required for rating public passenger vehicles.  |
| VEHICLE DESCRIPTION | Radius                  | Enter number: The radius in whole numbers within which this vehicle is operated.   |
| VEHICLE DESCRIPTION | Farthest Terminal       | Enter code: Identifies the location of the farthest zone from the vehicle's base of operation in which the vehicle is operated. The source of this code is the Insurance Services Office Zone code list.   |
| VEHICLE DESCRIPTION | Cost New                | Enter amount: The original cost of the vehicle.  |

| Section Name        | Field Name        | Field and/or Section Description   |
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| VEHICLE DESCRIPTION | Pleasure          | Check the box (if applicable): Indicates the primary use for the vehicle is for pleasure.  |
| VEHICLE DESCRIPTION | Farm              | Check the box (if applicable): Indicates the primary use for the vehicle is for farming.   |
| VEHICLE DESCRIPTION | Comm'l            | Check the box (if applicable): Indicates the primary use for the vehicle is for commercial purposes.                                       |
| VEHICLE DESCRIPTION | Retail            | Check the box (if applicable): Indicates the primary use for the vehicle is for the retail industry.                                       |
| VEHICLE DESCRIPTION | Service           | Check the box (if applicable): Indicates the primary use for the vehicle is for the service industry.                                      |
| VEHICLE DESCRIPTION | For Hire          | Check the box (if applicable): Indicates the primary use for the vehicle is for hire.<br>11/9/2009 - added field to 11/2009 version        |
| VEHICLE DESCRIPTION | Other             | Check the box (if applicable): Indicates the primary use for the vehicle is for other purposes. 11/9/2009 - added field to 11/2009 version |
| VEHICLE DESCRIPTION | Other Description | Enter text: The description of the other vehicle usage. 11/24/2009 - added field to 11/2009 version  |
| VEHICLE DESCRIPTION | Liab              | Check the box (if applicable): Indicates the vehicle has liability coverage.   |
| VEHICLE DESCRIPTION | No-Fault          | Check the box (if applicable): Indicates the vehicle has no-fault coverage.  |
| VEHICLE DESCRIPTION | Add'l No-Fault    | Check the box (if applicable): Indicates the vehicle has additional no-fault coverage.   |
| VEHICLE DESCRIPTION | Med Pay           | Check the box (if applicable): Indicates the vehicle has medical payments coverage.  |
| VEHICLE DESCRIPTION | Unins Motor       | Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.   |
| VEHICLE DESCRIPTION | Undrins Motor     | Check the box (if applicable): Indicates the vehicle has underinsured motorists coverage.  |
| VEHICLE DESCRIPTION | Towing & Labor    | Check the box (if applicable): Indicates the vehicle has towing and labor coverage.  |
| VEHICLE DESCRIPTION | Spec C of L       | Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.   |
| VEHICLE DESCRIPTION | F                 | Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.  |
| VEHICLE DESCRIPTION | FT                | Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.                                      |
| VEHICLE DESCRIPTION | FTW               | Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.                           |
| VEHICLE DESCRIPTION | LSP               | Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.                            |
| VEHICLE DESCRIPTION | COMP / OTC        | Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.                                   |

| <b>Section Name</b>        | <b>Field Name</b>              | <b>Field and/or Section Description</b>   |
|----------------------------|--------------------------------|---|
| <b>VEHICLE DESCRIPTION</b> | <b>COLL</b>                    | Check the box (if applicable): Indicates the vehicle has collision coverage.  |
| <b>VEHICLE DESCRIPTION</b> | <b>RENT REIMB</b>              | Check the box (if applicable): Indicates the vehicle has rental reimbursement or transportation expense coverage.   |
| <b>VEHICLE DESCRIPTION</b> | <b>FG</b>                      | Check the box (if applicable): Indicates the vehicle has full glass coverage.   |
| <b>VEHICLE DESCRIPTION</b> | <b>Check Box</b>               | Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.  |
| <b>VEHICLE DESCRIPTION</b> | <b>Field Box</b>               | Enter text: The description of the other type of coverage on the vehicle.   |
| <b>VEHICLE DESCRIPTION</b> | <b>Deductibles ACV</b>         | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.  |
| <b>VEHICLE DESCRIPTION</b> | <b>AA</b>                      | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agree amount.   |
| <b>VEHICLE DESCRIPTION</b> | <b>ST AMT</b>                  | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.  |
| <b>VEHICLE DESCRIPTION</b> | <b>\$ Field Box</b>            | Enter amount: The agreed or stated amount used in determining the value of the vehicle at the time of loss.   |
| <b>VEHICLE DESCRIPTION</b> | <b>COMP / OTC</b>              | Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.  |
| <b>VEHICLE DESCRIPTION</b> | <b>SPEC C of L</b>             | Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are:<br><br>SCL Specified Cause of Loss<br>F Fire<br>F&T Fire and Theft<br>F,T&W Fire, Theft and Wind<br>LSP Limited Specified Perils<br>SP Specified Perils |
| <b>VEHICLE DESCRIPTION</b> | <b>\$ Field Box</b>            | Enter amount: The comprehensive or specified cause of loss deductible amount.   |
| <b>VEHICLE DESCRIPTION</b> | <b>\$ Coll</b>                 | Enter deductible: The collision deductible amount.  |
| <b>VEHICLE DESCRIPTION</b> | <b>Check Box- &lt;15 Miles</b> | Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school under 15 miles one way.  |
| <b>VEHICLE DESCRIPTION</b> | <b>Check Box- 15 Miles +</b>   | Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school 15 miles or over one way.  |
| <b>VEHICLE DESCRIPTION</b> | <b>Net Veh Dr/Cr</b>           | Enter rate: The net rating factor that applies to this vehicle. Do not include debits or credits that apply on a policy level. Provide under remarks a description of each debit or credit used in the calculation of the net rating factor.  |
| <b>VEHICLE DESCRIPTION</b> | <b>Tot Prem</b>                | Enter amount: The total amount for the vehicle.   |

| Section Name        | Field Name              | Field and/or Section Description   |
|---------------------|-------------------------|--|
| VEHICLE DESCRIPTION | Veh #                   | Enter number: The producer assigned vehicle number.  |
| VEHICLE DESCRIPTION | Year                    | Enter year: The model year of the vehicle.   |
| VEHICLE DESCRIPTION | Make                    | Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).  |
| VEHICLE DESCRIPTION | Model                   | Enter text: The manufacturer's model name for the vehicle.   |
| VEHICLE DESCRIPTION | Body Type               | Enter code: The body type of the vehicle.  |
| VEHICLE DESCRIPTION | V.I.N.                  | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.   |
| VEHICLE DESCRIPTION | Check Box- PP           | Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.   |
| VEHICLE DESCRIPTION | Check Box- SPEC         | Check the box (if applicable): Indicates the predominant type of the vehicle is special (e.g. classic, antique automobile).  |
| VEHICLE DESCRIPTION | Check Box- COML         | Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.  |
| VEHICLE DESCRIPTION | Sym/Age                 | Enter code: The symbol required for physical damage coverage.  |
| VEHICLE DESCRIPTION | Comp / OTC Sym          | Enter code: The symbol required for comprehensive / other than collision coverage.   |
| VEHICLE DESCRIPTION | Coll Sym                | Enter code: The symbol required for collision coverage.  |
| VEHICLE DESCRIPTION | Street (Required in KY) | Enter text: The vehicle's physical address line one.   |
| VEHICLE DESCRIPTION | City                    | Enter text: The vehicle's physical address city name.  |
| VEHICLE DESCRIPTION | County                  | Enter text: The vehicle's physical address county name.  |
| VEHICLE DESCRIPTION | State                   | Enter code: The vehicle's physical address state or province code.   |
| VEHICLE DESCRIPTION | Zip Code                | Enter code: The vehicle's physical address postal code.  |
| VEHICLE DESCRIPTION | Lic State               | Enter code: The state or province in which the vehicle is registered.  |
| VEHICLE DESCRIPTION | Territory               | Enter code: The rating territory code where the vehicle is principally garaged.  |
| VEHICLE DESCRIPTION | GVW / GCW               | Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.  |
| VEHICLE DESCRIPTION | Class                   | Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.  |
| VEHICLE DESCRIPTION | S.I.C.                  | Enter code: The secondary Special Industry Class code which applies to commercial vehicles as determined by industry rating manuals.   |
| VEHICLE DESCRIPTION | Factor                  | Enter rate: The primary liability rating factor contains the number which is used, along with the secondary rating factor, in determining the liability premium. The primary rating factor which is always positive is based on the primary class. |
| VEHICLE DESCRIPTION | Seating Capacity        | Enter number: The seating capacity of the vehicle. Required for rating public passenger vehicles.  |
| VEHICLE DESCRIPTION | Radius                  | Enter number: The radius in whole numbers within which this vehicle is operated.   |

| Section Name        | Field Name        | Field and/or Section Description   |
|---------------------|-------------------|--|
| VEHICLE DESCRIPTION | Farthest Terminal | Enter code: Identifies the location of the farthest zone from the vehicle's base of operation in which the vehicle is operated. The source of this code is the Insurance Services Office Zone code list. |
| VEHICLE DESCRIPTION | Cost New          | Enter amount: The original cost of the vehicle.  |
| VEHICLE DESCRIPTION | Pleasure          | Check the box (if applicable): Indicates the primary use for the vehicle is for pleasure.  |
| VEHICLE DESCRIPTION | Farm              | Check the box (if applicable): Indicates the primary use for the vehicle is for farming.   |
| VEHICLE DESCRIPTION | Comm'l            | Check the box (if applicable): Indicates the primary use for the vehicle is for commercial purposes.   |
| VEHICLE DESCRIPTION | Retail            | Check the box (if applicable): Indicates the primary use for the vehicle is for the retail industry.   |
| VEHICLE DESCRIPTION | Service           | Check the box (if applicable): Indicates the primary use for the vehicle is for the service industry.  |
| VEHICLE DESCRIPTION | For Hire          | Check the box (if applicable): Indicates the primary use for the vehicle is for hire. 11/9/2009 - added field to 11/2009 version   |
| VEHICLE DESCRIPTION | Other             | Check the box (if applicable): Indicates the primary use for the vehicle is for other purposes. 11/9/2009 - added field to 11/2009 version   |
| VEHICLE DESCRIPTION | Other Description | Enter text: The description of the other vehicle usage. 11/24/2009 - added field to 11/2009 version  |
| VEHICLE DESCRIPTION | Liab              | Check the box (if applicable): Indicates the vehicle has liability coverage.   |
| VEHICLE DESCRIPTION | No-Fault          | Check the box (if applicable): Indicates the vehicle has no-fault coverage.  |
| VEHICLE DESCRIPTION | Add'l No-Fault    | Check the box (if applicable): Indicates the vehicle has additional no-fault coverage.   |
| VEHICLE DESCRIPTION | Med Pay           | Check the box (if applicable): Indicates the vehicle has medical payments coverage.  |
| VEHICLE DESCRIPTION | Unins Motor       | Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.   |
| VEHICLE DESCRIPTION | Undrins Motor     | Check the box (if applicable): Indicates the vehicle has underinsured motorists coverage.  |
| VEHICLE DESCRIPTION | Towing & Labor    | Check the box (if applicable): Indicates the vehicle has towing and labor coverage.  |
| VEHICLE DESCRIPTION | Spec C of L       | Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.   |
| VEHICLE DESCRIPTION | F                 | Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.  |
| VEHICLE DESCRIPTION | FT                | Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.  |
| VEHICLE DESCRIPTION | FTW               | Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.   |

| Section Name        | Field Name            | Field and/or Section Description  |
|---------------------|-----------------------|---|
| VEHICLE DESCRIPTION | LSP                   | Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.   |
| VEHICLE DESCRIPTION | COMP / OTC            | Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.  |
| VEHICLE DESCRIPTION | COLL                  | Check the box (if applicable): Indicates the vehicle has collision coverage.  |
| VEHICLE DESCRIPTION | RENT REIMB            | Check the box (if applicable): Indicates the vehicle has rental reimbursement or transportation expense coverage.   |
| VEHICLE DESCRIPTION | FG                    | Check the box (if applicable): Indicates the vehicle has full glass coverage.   |
| VEHICLE DESCRIPTION | Check Box             | Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.  |
| VEHICLE DESCRIPTION | Field Box             | Enter text: The description of the other type of coverage on the vehicle.   |
| VEHICLE DESCRIPTION | Deductibles ACV       | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.  |
| VEHICLE DESCRIPTION | AA                    | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agree amount.   |
| VEHICLE DESCRIPTION | ST AMT                | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.  |
| VEHICLE DESCRIPTION | \$ Field Box          | Enter amount: The agreed or stated amount used in determining the value of the vehicle at the time of loss.   |
| VEHICLE DESCRIPTION | COMP / OTC            | Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.  |
| VEHICLE DESCRIPTION | SPEC C of L           | Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are:<br><br>SCL Specified Cause of Loss<br>F Fire<br>F&T Fire and Theft<br>F,T&W Fire, Theft and Wind<br>LSP Limited Specified Perils<br>SP Specified Perils |
| VEHICLE DESCRIPTION | \$ Field Box          | Enter amount: The comprehensive or specified cause of loss deductible amount.   |
| VEHICLE DESCRIPTION | \$ Coll               | Enter deductible: The collision deductible amount.  |
| VEHICLE DESCRIPTION | Check Box- <15 Miles  | Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school under 15 miles one way.  |
| VEHICLE DESCRIPTION | Check Box- 15 Miles + | Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school 15 miles or over one way.  |

| Section Name        | Field Name              | Field and/or Section Description   |
|---------------------|-------------------------|--|
| VEHICLE DESCRIPTION | Net Veh Dr/Cr           | Enter rate: The net rating factor that applies to this vehicle. Do not include debits or credits that apply on a policy level. Provide under remarks a description of each debit or credit used in the calculation of the net rating factor.       |
| VEHICLE DESCRIPTION | Tot Prem                | Enter amount: The total amount for the vehicle.  |
| VEHICLE DESCRIPTION | Veh #                   | Enter number: The producer assigned vehicle number.  |
| VEHICLE DESCRIPTION | Year                    | Enter year: The model year of the vehicle.   |
| VEHICLE DESCRIPTION | Make                    | Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).  |
| VEHICLE DESCRIPTION | Model                   | Enter text: The manufacturer's model name for the vehicle.   |
| VEHICLE DESCRIPTION | Body Type               | Enter code: The body type of the vehicle.  |
| VEHICLE DESCRIPTION | V.I.N.                  | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.   |
| VEHICLE DESCRIPTION | Check Box- PP           | Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger.   |
| VEHICLE DESCRIPTION | Check Box- SPEC         | Check the box (if applicable): Indicates the predominant type of the vehicle is special (e.g. classic, antique automobile).  |
| VEHICLE DESCRIPTION | Check Box- COML         | Check the box (if applicable): Indicates the predominant type of the vehicle is commercial.  |
| VEHICLE DESCRIPTION | Sym/Age                 | Enter code: The symbol required for physical damage coverage.  |
| VEHICLE DESCRIPTION | Comp / OTC Sym          | Enter code: The symbol required for comprehensive / other than collision coverage.   |
| VEHICLE DESCRIPTION | Coll Sym                | Enter code: The symbol required for collision coverage.  |
| VEHICLE DESCRIPTION | Street (Required in KY) | Enter text: The vehicle's physical address line one.   |
| VEHICLE DESCRIPTION | City                    | Enter text: The vehicle's physical address city name.  |
| VEHICLE DESCRIPTION | County                  | Enter text: The vehicle's physical address county name.  |
| VEHICLE DESCRIPTION | State                   | Enter code: The vehicle's physical address state or province code.   |
| VEHICLE DESCRIPTION | Zip Code                | Enter code: The vehicle's physical address postal code.  |
| VEHICLE DESCRIPTION | Lic State               | Enter code: The state or province in which the vehicle is registered.  |
| VEHICLE DESCRIPTION | Territory               | Enter code: The rating territory code where the vehicle is principally garaged.  |
| VEHICLE DESCRIPTION | GVW / GCW               | Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.  |
| VEHICLE DESCRIPTION | Class                   | Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code.  |
| VEHICLE DESCRIPTION | S.I.C.                  | Enter code: The secondary Special Industry Class code which applies to commercial vehicles as determined by industry rating manuals.   |
| VEHICLE DESCRIPTION | Factor                  | Enter rate: The primary liability rating factor contains the number which is used, along with the secondary rating factor, in determining the liability premium. The primary rating factor which is always positive is based on the primary class. |

| Section Name        | Field Name        | Field and/or Section Description   |
|---------------------|-------------------|--|
| VEHICLE DESCRIPTION | Seating Capacity  | Enter number: The seating capacity of the vehicle. Required for rating public passenger vehicles.  |
| VEHICLE DESCRIPTION | Radius            | Enter number: The radius in whole numbers within which this vehicle is operated.   |
| VEHICLE DESCRIPTION | Farthest Terminal | Enter code: Identifies the location of the farthest zone from the vehicle's base of operation in which the vehicle is operated. The source of this code is the Insurance Services Office Zone code list. |
| VEHICLE DESCRIPTION | Cost New          | Enter amount: The original cost of the vehicle.  |
| VEHICLE DESCRIPTION | Pleasure          | Check the box (if applicable): Indicates the primary use for the vehicle is for pleasure.  |
| VEHICLE DESCRIPTION | Farm              | Check the box (if applicable): Indicates the primary use for the vehicle is for farming.   |
| VEHICLE DESCRIPTION | Comm'l            | Check the box (if applicable): Indicates the primary use for the vehicle is for commercial purposes.   |
| VEHICLE DESCRIPTION | Retail            | Check the box (if applicable): Indicates the primary use for the vehicle is for the retail industry.   |
| VEHICLE DESCRIPTION | Service           | Check the box (if applicable): Indicates the primary use for the vehicle is for the service industry.  |
| VEHICLE DESCRIPTION | For Hire          | Check the box (if applicable): Indicates the primary use for the vehicle is for hire.<br>11/9/2009 - added field to 11/2009 version  |
| VEHICLE DESCRIPTION | Other             | Check the box (if applicable): Indicates the primary use for the vehicle is for other purposes. 11/9/2009 - added field to 11/2009 version   |
| VEHICLE DESCRIPTION | Other Description | Enter text: The description of the other vehicle usage. 11/24/2009 - added field to 11/2009 version  |
| VEHICLE DESCRIPTION | Liab              | Check the box (if applicable): Indicates the vehicle has liability coverage.   |
| VEHICLE DESCRIPTION | No-Fault          | Check the box (if applicable): Indicates the vehicle has no-fault coverage.  |
| VEHICLE DESCRIPTION | Add'l No-Fault    | Check the box (if applicable): Indicates the vehicle has additional no-fault coverage.   |
| VEHICLE DESCRIPTION | Med Pay           | Check the box (if applicable): Indicates the vehicle has medical payments coverage.  |
| VEHICLE DESCRIPTION | Unins Motor       | Check the box (if applicable): Indicates the vehicle has uninsured motorists coverage.   |
| VEHICLE DESCRIPTION | Undrins Motor     | Check the box (if applicable): Indicates the vehicle has underinsured motorists coverage.  |
| VEHICLE DESCRIPTION | Towing & Labor    | Check the box (if applicable): Indicates the vehicle has towing and labor coverage.  |
| VEHICLE DESCRIPTION | Spec C of L       | Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.   |
| VEHICLE DESCRIPTION | F                 | Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.  |

| Section Name        | Field Name      | Field and/or Section Description  |
|---------------------|-----------------|---|
| VEHICLE DESCRIPTION | FT              | Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.   |
| VEHICLE DESCRIPTION | FTW             | Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.  |
| VEHICLE DESCRIPTION | LSP             | Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.   |
| VEHICLE DESCRIPTION | COMP / OTC      | Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.  |
| VEHICLE DESCRIPTION | COLL            | Check the box (if applicable): Indicates the vehicle has collision coverage.  |
| VEHICLE DESCRIPTION | RENT REIMB      | Check the box (if applicable): Indicates the vehicle has rental reimbursement or transportation expense coverage.   |
| VEHICLE DESCRIPTION | FG              | Check the box (if applicable): Indicates the vehicle has full glass coverage.   |
| VEHICLE DESCRIPTION | Check Box       | Check the box (if applicable): Indicates the vehicle has a type of coverage not specifically listed.  |
| VEHICLE DESCRIPTION | Field Box       | Enter text: The description of the other type of coverage on the vehicle.   |
| VEHICLE DESCRIPTION | Deductibles ACV | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the actual cash value or market value.  |
| VEHICLE DESCRIPTION | AA              | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the agree amount.   |
| VEHICLE DESCRIPTION | ST AMT          | Check the box (if applicable): Indicates the valuation method used in determining the value of the vehicle at the time of loss is the stated amount.  |
| VEHICLE DESCRIPTION | \$ Field Box    | Enter amount: The agreed or stated amount used in determining the value of the vehicle at the time of loss.   |
| VEHICLE DESCRIPTION | COMP / OTC      | Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.  |
| VEHICLE DESCRIPTION | SPEC C of L     | Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are:<br><br>SCL     Specified Cause of Loss<br>F         Fire<br>F&T     Fire and Theft<br>F,T&W   Fire, Theft and Wind<br>LSP     Limited Specified Perils<br>SP       Specified Perils |
| VEHICLE DESCRIPTION | \$ Field Box    | Enter amount: The comprehensive or specified cause of loss deductible amount.   |
| VEHICLE DESCRIPTION | \$ Coll         | Enter deductible: The collision deductible amount.  |

| <b>Section Name</b>        | <b>Field Name</b>              | <b>Field and/or Section Description</b>  |
|----------------------------|--------------------------------|--|
| <b>VEHICLE DESCRIPTION</b> | <b>Check Box- &lt;15 Miles</b> | Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school under 15 miles one way.   |
| <b>VEHICLE DESCRIPTION</b> | <b>Check Box- 15 Miles +</b>   | Check the box (if applicable): Indicates the vehicle is used for commuting purposes to work or school, and is driven to work or school 15 miles or over one way.   |
| <b>VEHICLE DESCRIPTION</b> | <b>Net Veh Dr/Cr</b>           | Enter rate: The net rating factor that applies to this vehicle. Do not include debits or credits that apply on a policy level. Provide under remarks a description of each debit or credit used in the calculation of the net rating factor. |
| <b>VEHICLE DESCRIPTION</b> | <b>Tot Prem</b>                | Enter amount: The total amount for the vehicle.  |
| <b>Edition</b>             | <b>Date</b>                    | The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).  |