

D.C. WHITE AGENCY

Over 60 Years of Leadership in Commercial Auto Insurance

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370 West Park Avenue, Long Beach, NY 11561-9004

www.dcwhiteagency.com

Supplemental Automobile Schedule

THIS SCHEDULE MUST BE EXECUTED BY THE APPLICANT, IF AN INDIVIDUAL, OR AN OFFICER OR AUTHORIZED REPRESENTATIVE OF THE APPLICANT'S COMPANY. ALL ANSWERS MUST BE COMPLETED.

Corporate or Individual Name (Include DBA): _____

SCHEDULE OF AUTOS YOU OWN - (Continued from **Commercial Automobile Application**) List all vehicles to be quoted.

IF COVERAGE IS BOUND, COPIES OF ALL REGISTRATIONS WILL BE REQUIRED

Unit #	Year	Trade Name/Model	Vehicle Identification #	Body Type	Cost New *	GVW	Garage Location	State of Registration
5					\$			
6					\$			
7					\$			
8					\$			
9					\$			
10					\$			
11					\$			
12					\$			
13					\$			
14					\$			
15					\$			
16					\$			
17					\$			
18					\$			
19					\$			
20					\$			
21					\$			
22					\$			
23					\$			
24					\$			
25					\$			

* Must be provided for all vehicles for which Physical Damage Coverage is requested.

Describe below special equipment attached to any vehicle. Include its value under **COST NEW**. Designate by Unit # listed above.
