



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

COMMERCIAL AUTOMOBILE VEHICLE AND EQUIPMENT SCHEDULE

Participant Member Name: _____ Date: _____

Address: _____ County: _____

Master Coverage Contract Number: _____ Certificate Number: _____

NOTE: Only equipment listed and scheduled will be provided coverage under any Coverage Contract issued to a Participating Member by the Association and its Insurer. Equipment without ID numbers, which are entered below or later added by separate endorsement, will be excluded from the Coverage Contract issued to the Participant Member.

NOTE: The Applicant understands that the Purchasing Group Association has directly negotiated an insurance program with an Insurer to which the Applicant will become an Additional Named Insured in a Master Group Liability Insurance Policy issued to the Named Insured Association. In exchange for a reduced coverage charge, the Purchasing Group Association has freely negotiated a non-adhesive Automobile Liability Coverage Contract, with limited and restricted coverage, to be issued to the Named Insured Association. Coverage offered is limited to specified scheduled named driver coverage and is restricted to business use only. Accidents while the insured vehicle is being used for personal use, including driving to and from work, are excluded. No coverage is provided for Uninsured Motorist, Increase Limits of Uninsured Motorist, Underinsured Motorist, Personal Injury Protection, Non-Owned Vehicle, Hired Vehicle, or Physical Damage. In the event that Uninsured Motorist or Personal Injury Protection Coverage is mandatory under state financial responsibility laws in the state in which the covered insured auto is principally garaged, the Limit of Liability for Uninsured Motorist Coverage and/or Personal Injury Protection will only be provided at a limit no greater than the minimum limit of liability required by the financial responsibility laws of that state. The Participating Member agrees that for the reduced rate offered under the Group Liability Program, no coverage for Uninsured Motorist, Underinsured Motorist, or Personal Injury Protection will be provided under any Coverage Contract issued to a Participating Member.

| Unit No | Year | Make | Body Type | Serial No. | Maximum Gross Weight Capacity | Describe Use of Vehicle or Equipment | Actual Odometer Reading | Radius of Operation from US Border in Miles | Actual Cash Value | Garage Location in the US | Annual Miles Driven in the US |
|---------|------|------|-----------|------------|-------------------------------|--------------------------------------|-------------------------|---|-----------------------------|---------------------------|-------------------------------|
| | | | | | | | | | <input type="checkbox"/> \$ | | |
| | | | | | | | | | <input type="checkbox"/> \$ | | |
| | | | | | | | | | <input type="checkbox"/> \$ | | |
| | | | | | | | | | <input type="checkbox"/> \$ | | |
| | | | | | | | | | <input type="checkbox"/> \$ | | |
| | | | | | | | | | <input type="checkbox"/> \$ | | |
| | | | | | | | | | <input type="checkbox"/> \$ | | |

Please check the box located in "Actual Cash Value" column above if Physical Damage is desired. Actual Cash Value is defined as current market less depreciation. Physical Damage coverage for lien holders is provided as third-party contractual liability for owned vehicles and equipment only. The Actual Cash Value must be stated above.

HEREIN STATED AND AGREED BY (MUST SIGN): _____ TITLE: _____ DATE: _____

P.O. Box 469 • Sandy, Utah 84091-0469
 Phone 1-800-321-1493 • Fax 1-800-666-9011 • E-Mail: woga@insureguides.com
 Web Site: www.insureguides.com