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## BUSINESS AUTO SUPPLEMENTAL

### VEHICLE AND DRIVER INFORMATION CONTINUED

4. Provide the following information for each vehicle **continued**:

	Vehicle #9	Vehicle #10
<b>Year, Make, &amp; Model</b>		
<b>Vehicle ID No.</b>		
<b>Comprehensive*</b>	Deductible: \$	Deductible: \$
<b>Collision*</b>	Deductible: \$	Deductible: \$
<b>Cost New</b>		
<b>Registered Owner</b>		
<b>Garaged Zip Code</b>		
<b>Lien Holder</b>		

	Vehicle #11	Vehicle #12
<b>Year, Make, &amp; Model</b>		
<b>Vehicle ID No.</b>		
<b>Comprehensive*</b>	Deductible: \$	Deductible: \$
<b>Collision*</b>	Deductible: \$	Deductible: \$
<b>Cost New</b>		
<b>Registered Owner</b>		
<b>Garaged Zip Code</b>		
<b>Lien Holder</b>		

	Vehicle #13	Vehicle #14
<b>Year, Make, &amp; Model</b>		
<b>Vehicle ID No.</b>		
<b>Comprehensive*</b>	Deductible: \$	Deductible: \$
<b>Collision*</b>	Deductible: \$	Deductible: \$
<b>Cost New</b>		
<b>Registered Owner</b>		
<b>Garaged Zip Code</b>		
<b>Lien Holder</b>		

	Vehicle #15	Vehicle #16
<b>Year, Make, &amp; Model</b>		
<b>Vehicle ID No.</b>		
<b>Comprehensive*</b>	Deductible: \$	Deductible: \$
<b>Collision*</b>	Deductible: \$	Deductible: \$
<b>Cost New</b>		
<b>Registered Owner</b>		
<b>Garaged Zip Code</b>		
<b>Lien Holder</b>		

	Vehicle #17	Vehicle #18
<b>Year, Make, &amp; Model</b>		
<b>Vehicle ID No.</b>		
<b>Comprehensive*</b>	Deductible: \$	Deductible: \$
<b>Collision*</b>	Deductible: \$	Deductible: \$
<b>Cost New</b>		
<b>Registered Owner</b>		
<b>Garaged Zip Code</b>		
<b>Lien Holder</b>		

	Vehicle #19	Vehicle #20
Year, Make, & Model		
Vehicle ID No.		
Comprehensive*	Deductible: \$	Deductible: \$
Collision*	Deductible: \$	Deductible: \$
Cost New		
Registered Owner		
Garaged Zip Code		
Lien Holder		

4. Provide the following information for each driver **continued**:

Driver	Driver's Name	**Marital Status	Driver's D.O.B.	Driver's License #	Assigned to Vehicle #:
# 9		<input type="checkbox"/> M <input type="checkbox"/> S			
# 10		<input type="checkbox"/> M <input type="checkbox"/> S			
# 11		<input type="checkbox"/> M <input type="checkbox"/> S			
# 12		<input type="checkbox"/> M <input type="checkbox"/> S			
# 13		<input type="checkbox"/> M <input type="checkbox"/> S			
# 14		<input type="checkbox"/> M <input type="checkbox"/> S			
# 15		<input type="checkbox"/> M <input type="checkbox"/> S			
# 16		<input type="checkbox"/> M <input type="checkbox"/> S			
# 17		<input type="checkbox"/> M <input type="checkbox"/> S			
# 18		<input type="checkbox"/> M <input type="checkbox"/> S			
# 19		<input type="checkbox"/> M <input type="checkbox"/> S			
# 20		<input type="checkbox"/> M <input type="checkbox"/> S			

**\*\*Marital Status: M = Married and S = Single**

Comments:

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