



PO Box 2258
 Bismarck, ND 58502
 1-800-421-1988(phone)
 1-701-224-0609(fax)
NDIRFUnderwriting@ndirf.com
www.ndirf.com

AUTOMOBILE SCHEDULE

Name Insured: _____

VEHICLE #	YEAR	MAKE, MODEL, BODY TYPE	GVW	VIN/SERIAL # (last 5 digits)	COST NEW
_____	_____	_____	_____	_____	\$ _____

<input type="checkbox"/> LIABILITY	<input type="checkbox"/> ACV			<u>DEDUCTIBLES</u>	
<input type="checkbox"/> PIP	<input type="checkbox"/> STATED AMOUNT	COMP		SPEC.PERILS	COLLISION
<input type="checkbox"/> U/M	VALUE \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

VEHICLE #	YEAR	MAKE, MODEL, BODY TYPE	GVW	VIN/SERIAL # (last 5 digits)	COST NEW
_____	_____	_____	_____	_____	\$ _____

<input type="checkbox"/> LIABILITY	<input type="checkbox"/> ACV			<u>DEDUCTIBLES</u>	
<input type="checkbox"/> PIP	<input type="checkbox"/> STATED AMOUNT	COMP		SPEC.PERILS	COLLISION
<input type="checkbox"/> U/M	VALUE \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

VEHICLE #	YEAR	MAKE, MODEL, BODY TYPE	GVW	VIN/SERIAL # (last 5 digits)	COST NEW
_____	_____	_____	_____	_____	\$ _____

<input type="checkbox"/> LIABILITY	<input type="checkbox"/> ACV			<u>DEDUCTIBLES</u>	
<input type="checkbox"/> PIP	<input type="checkbox"/> STATED AMOUNT	COMP		SPEC.PERILS	COLLISION
<input type="checkbox"/> U/M	VALUE \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

VEHICLE #	YEAR	MAKE, MODEL, BODY TYPE	GVW	VIN/SERIAL # (last 5 digits)	COST NEW
_____	_____	_____	_____	_____	\$ _____

<input type="checkbox"/> LIABILITY	<input type="checkbox"/> ACV			<u>DEDUCTIBLES</u>	
<input type="checkbox"/> PIP	<input type="checkbox"/> STATED AMOUNT	COMP		SPEC.PERILS	COLLISION
<input type="checkbox"/> U/M	VALUE \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

VEHICLE #	YEAR	MAKE, MODEL, BODY TYPE	GVW	VIN/SERIAL # (last 5 digits)	COST NEW
_____	_____	_____	_____	_____	\$ _____

<input type="checkbox"/> LIABILITY	<input type="checkbox"/> ACV			<u>DEDUCTIBLES</u>	
<input type="checkbox"/> PIP	<input type="checkbox"/> STATED AMOUNT	COMP		SPEC.PERILS	COLLISION
<input type="checkbox"/> U/M	VALUE \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

VEHICLE #	YEAR	MAKE, MODEL, BODY TYPE	GVW	VIN/SERIAL # (last 5 digits)	COST NEW
_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/> LIABILITY	<input type="checkbox"/> ACV			<u>DEDUCTIBLES</u>	
<input type="checkbox"/> PIP	<input type="checkbox"/> STATED AMOUNT		COMP	SPEC.PERILS	COLLISION
<input type="checkbox"/> U/M	VALUE \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

VEHICLE #	YEAR	MAKE, MODEL, BODY TYPE	GVW	VIN/SERIAL # (last 5 digits)	COST NEW
_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/> LIABILITY	<input type="checkbox"/> ACV			<u>DEDUCTIBLES</u>	
<input type="checkbox"/> PIP	<input type="checkbox"/> STATED AMOUNT		COMP	SPEC.PERILS	COLLISION
<input type="checkbox"/> U/M	VALUE \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

VEHICLE #	YEAR	MAKE, MODEL, BODY TYPE	GVW	VIN/SERIAL # (last 5 digits)	COST NEW
_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/> LIABILITY	<input type="checkbox"/> ACV			<u>DEDUCTIBLES</u>	
<input type="checkbox"/> PIP	<input type="checkbox"/> STATED AMOUNT		COMP	SPEC.PERILS	COLLISION
<input type="checkbox"/> U/M	VALUE \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

VEHICLE #	YEAR	MAKE, MODEL, BODY TYPE	GVW	VIN/SERIAL # (last 5 digits)	COST NEW
_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/> LIABILITY	<input type="checkbox"/> ACV			<u>DEDUCTIBLES</u>	
<input type="checkbox"/> PIP	<input type="checkbox"/> STATED AMOUNT		COMP	SPEC.PERILS	COLLISION
<input type="checkbox"/> U/M	VALUE \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

VEHICLE #	YEAR	MAKE, MODEL, BODY TYPE	GVW	VIN/SERIAL # (last 5 digits)	COST NEW
_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/> LIABILITY	<input type="checkbox"/> ACV			<u>DEDUCTIBLES</u>	
<input type="checkbox"/> PIP	<input type="checkbox"/> STATED AMOUNT		COMP	SPEC.PERILS	COLLISION
<input type="checkbox"/> U/M	VALUE \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

LIENHOLDER INFORMATION

VEHICLE(S) #	NAME AND ADDRESS OF LIENHOLDER
_____	_____
_____	_____
_____	_____