

ADDITIONAL VEHICLES TO BE INSURED FOR COMPREHENSIVE AND COLLISION

Please make copies of this form if you have more than seven (7) vehicles to add. (Additional copies available at www.irf.sc.gov) If you leave the effective date blank, the property will be added as of your policy renewal date.

Effective Date _____
Vehicle Description (make/model) _____
Vehicle Serial Number _____ Year of Vehicle _____ Vehicle Cost _____
Third Parties: Certificate of Insurance Loss Payable Clause Enter Name(s) & Address(es) on back

For office use only: Vehicle Rate Class _____

Effective Date _____
Vehicle Description (make/model) _____
Vehicle Serial Number _____ Year of Vehicle _____ Vehicle Cost _____
Third Parties: Certificate of Insurance Loss Payable Clause Enter Name(s) & Address(es) on back

For office use only: Vehicle Rate Class _____

Effective Date _____
Vehicle Description (make/model) _____
Vehicle Serial Number _____ Year of Vehicle _____ Vehicle Cost _____
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