



GRANADA
INSURANCE COMPANY
"The Agent Partner Company"SM

COMMERCIAL AUTO: Supplemental Vehicle and Driver Schedule

Check box for vehicles with Comp. and Coll coverage.

Veh#___ Veh#___ Veh#___ Veh#___
 Veh#___ Veh#___ Veh#___ Veh#___

To be used as a supplement to GIC COMMERCIAL AUTO 201 (11-06)

Name of insured	Policy Number:
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Vehicle Information

Veh #	Model Year	Trade Name/Model/Body type	VIN Number	Cost New	Comm'l	Retail	Serv	GVW	Terr

Veh #	Loss Payee Name	Street Address or P. O. Box.	City	State	Zip Code

Veh #	Additional Insured	Street Address or P. O. Box.	City	State	Zip Code

OPERATOR INFORMATION

List all approved drivers, employees, spouses, and all persons over 15 residing with Applicant				
Driver	Name (Exactly as on License)	Date of Birth	Driver License Number	State Lic