

3305 20185127-5
\$330.00

Fee: \$300.00
\$15.00 Record Check per person

Expires June 30, 2027

FEIN#: 39-1382038

Application for Motor Vehicle Towing License – City of Racine, WI

I hereby certify that I am owner, partner, or corporate officer of business applying for motor vehicle towing license, and further certify that I have met all licensing requirements as outlined in Sec. 22-831 through 22-840 of the Racine Municipal Code, and that inspection certificates of motor vehicles being used are attached.

Name of Towing Company Floyd & Sons Inc.

Business Address 1525 Durand Ave Mt. Pleasant Wi Zip Code 53403

Yard Address (if different than business address) _____

Individual (Name of Applicant) Chase Leonard

Home Address 3614 Country Lane Mt Pleasant Wi 53405 Phone No. 262-637-6589

Partnership (Name, addresses, and phone numbers of partners:

Name	Address	Phone No.	Date of Birth

Corporation Name Floyd & Sons Inc

Names, addresses, and phone numbers of officers:

Title	Name and Address	Phone No.	Date of Birth
President	Floyd Leonard 2639 N Colony Ave Franksville Wi 53126	262-770-0308	
Vice-President	Kathleen Leonard 3611 Country Lane Mt Pleasant Wi 53405	262-554-7150	
Secretary			
Treasurer			

Name, address, and phone number of person in charge:

Chase Leonard 3614 Country Lane Mt Pleasant Wi 53405 Phone No. 262-620-0356

* Insurance Underwriter: Pioneer Specialty Insurance Company



Signature of Applicant

6/5/85

Date of Birth

* Attach insurance certificate

Hold Harmless Agreement

Whereas, the undersigned towing company has applied to the City of Racine for a Motor Vehicle Towing License; and

Whereas, as a condition for issuance of said license, the company must comply with Section 22-835(3) of the Municipal Code of the City of Racine to hold the City harmless from certain liability.

Now, therefore, in consideration for the issuance of said license, the undersigned towing company hereby agrees to indemnify and hold harmless the City of Racine, its departments, officers, agents, and employees for any losses, claims, or damages to vehicles and contents of vehicles resulting, in part or in whole, from the negligence of the towing company, its officers, agents, or employees, while operating under Sections 22-831 through 22-840 of the Municipal Code or providing recovery, towing, and storage services pursuant to a police need or at the request of the City.

It is the express intention of the undersigned that this Agreement be liberally construed in favor of the City of Racine. The Agreement shall remain in effect for the term during which the company provides recovery, towing or storage services at the request of the City and shall continue in force thereafter relative to any incident for which liability is claimed to be accrued during such period.

Dated this 27 day of April, 2026.

Towing company name: Floyd & Sons Inc

By:  _____

By: _____

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
701181	7
DATE: 11/25/2026	

MOTOR CARRIER OPERATOR Thomas Training Inc	INSPECTOR'S NAME (PRINT OR TYPE) Tom Attalla
ADDRESS 1535 Laurel Ave	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input type="checkbox"/> YES
CITY, STATE, ZIP CODE Rome NY 13153	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 2G8F95F74F48480
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) Attalla Auto Solutions

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	
			1. BRAKE SYSTEM				6. SAFE LOADING				12. WINDSHIELD GLAZING	
/			a. Service Brakes	/			a. Vehicle parts, load, dunnage, spare tire, etc., secured.	/			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).	
/			b. Parking Brake System	/			b. Front End Structure				13. WINDSHIELD WIPERS	
/			c. Brake Drums or Rotors				c. Intermodal Container Securement Devices	/			No missing, damaged, or inoperable wipers.	
/			d. Brake Hose				7. STEERING MECHANISM					
/			e. Brake Tubing				a. Steering Wheel Free Play				14. MOTORCOACH SEATS	
/			f. Low Pressure Warning Device				b. Steering Column				Seats securely fastened to the vehicle structure.	
			g. Tractor Protection Valve				c. Front Axle Beam/All Other Steering Components				15. REAR IMPACT GUARD	
			h. Air Compressor				d. Steering Gear Box	/			In place, securely attached, proper size, proper placement (see 393.86).	
			i. Electric Brakes				e. Pitman Arm				16. OTHER List any other condition(s) which may prevent safe operation of this vehicle.	
			j. Hydraulic Brakes				f. Power Steering					
			k. Vacuum Systems				g. Ball and Socket Joints					
			l. Antilock Brake System				h. Tie Rods and Drag Links					
			m. Automatic Brake Adjusters				i. Nuts					
			2. COUPLING DEVICES				j. Steering System					
			a. Fifth Wheels				8. SUSPENSION					
			b. Pintle Hooks				a. Axle Positioning Parts					
			c. Drawbar/Towbar Eye				b. Spring Assembly					
			d. Drawbar/Towbar Tongue				c. Torque, Radius or Tracking Components					
			e. Safety Devices				9. FRAME					
			f. Saddle-Mounts				a. Frame Members					
			3. EXHAUST SYSTEM				b. Tire and Wheel Clearance					
/			a. No leaks forward of/directly below the driver/sleeper compartment.				c. Adjustable Axle Assemblies (Sliding Subframes)					
			b. Bus: No leaking/discharging in violation of standard.				10. TIRES					
			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.				a. Steer-Axle Tires 13/30					
			4. FUEL SYSTEM				b. All Other Tires 17/33					
/			a. No visible leak.				c. Speed-Restricted Tires					
/			b. Fuel Tank Filler Cap				11. WHEELS AND RIMS					
/			c. Fuel tank securely attached.				a. Lock or Side Ring					
			5. LIGHTING DEVICES				b. Wheels and Rims					
/			All required lights/reflectors operable.				c. Fasteners					
							d. Welds					

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, ✗ NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
1014845	9
DATE <u>4/19/26</u>	

MOTOR CARRIER OPERATOR <u>ETORIS TERRY TAYLOR</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>Troyl B. Kelly</u>
ADDRESS <u>1535 Duval Ave</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input type="checkbox"/> YES
CITY, STATE, ZIP CODE <u>Waukegan, WI 53103</u>	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) <u>Kelly Auto Solutions</u>

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				6. SAFE LOADING				12. WINDSHIELD GLAZING
/			a. Service Brakes	/			a. Vehicle parts, load, dunnage, spare tire, etc., secured.	/			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).
/			b. Parking Brake System	/			b. Front End Structure	/			13. WINDSHIELD WIPERS
/			c. Brake Drums or Rotors	/			c. Intermodal Container Securement Devices	/			No missing, damaged, or inoperable wipers.
/			d. Brake Hose				7. STEERING MECHANISM				14. MOTORCOACH SEATS
/			e. Brake Tubing	/			a. Steering Wheel Free Play	NA			Seats securely fastened to the vehicle structure.
/			f. Low Pressure Warning Device	/			b. Steering Column	NA			15. REAR IMPACT GUARD
/			g. Tractor Protection Valve	/			c. Front Axle Beam/All Other Steering Components	NA			In place, securely attached, proper size, proper placement (see 393.86).
/			h. Air Compressor	/			d. Steering Gear Box				16. OTHER
/			i. Electric Brakes	/			e. Pitman Arm				List any other condition(s) which may prevent safe operation of this vehicle.
/			j. Hydraulic Brakes	/			f. Power Steering				
NA			k. Vacuum Systems	/			g. Ball and Socket Joints				
/			l. Antilock Brake System	/			h. Tie Rods and Drag Links				
/			m. Automatic Brake Adjusters	/			i. Nuts				
			2. COUPLING DEVICES				8. SUSPENSION				
NA			a. Fifth Wheels	/			a. Axle Positioning Parts				
NA			b. Pintle Hooks	/			b. Spring Assembly				
/			c. Drawbar/Towbar Eye	/			c. Torque, Radius or Tracking Components				
/			d. Drawbar/Towbar Tongue				9. FRAME				
/			e. Safety Devices	/			a. Frame Members				
/			f. Saddle-Mounts	/			b. Tire and Wheel Clearance				
			3. EXHAUST SYSTEM				10. TIRES				
/			a. No leaks forward of/directly below the driver/sleeper compartment.	/			a. Steer-Axle Tires <u>17/30</u>				
/			b. Bus: No leaking/discharging in violation of standard.	/			b. All Other Tires <u>31/30</u>				
/			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	/			c. Speed-Restricted Tires				
			4. FUEL SYSTEM				11. WHEELS AND RIMS				
/			a. No visible leak.	/			a. Lock or Side Ring				
/			b. Fuel Tank Filler Cap	/			b. Wheels and Rims				
/			c. Fuel tank securely attached.	/			c. Fasteners				
			5. LIGHTING DEVICES				d. Welds				
/			All required lights/reflectors operable.								

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK, NEEDS REPAIR, NA IF ITEMS DO NOT APPLY. _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

4-29-26

RECORD OF ANNUAL INSPECTION

(49 CFR 396.17-23)

Prepare Separate Report for Each Vehicle Inspected

D11111999

COMPANY NAME FLOYD + SONS INC			VEHICLE TYPE <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER <input type="checkbox"/> DOLLY		
STREET ADDRESS 1525 DURAND AVE			VEHICLE MAKE HINO		MODEL FLATBED
CITY RACINE		STATE WI	ZIP 53403	YEAR 2022	
INSPECTOR'S NAME (Please Print) ADAM SMITH			VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) 5PVNJ7APLJST50007		
			EMPLOYEE NO. TRUCK # 31		

REPORT OF CONDITION (For Detailed Information on Inspection Procedures see FMCSR Part 396, Appendix A)

	OK	REPAIR		OK	REPAIR		OK	REPAIR		OK	REPAIR
BRAKES			EXHAUST			STEERING			FRAME		
Adjustment	X		Leaks	X		Adjustment	X		Members	X	
Mechan. Compon.	X		Placement	X		Column/Gear	X		Clearance	X	
Drum/Rotor	X		LIGHTING			Axle	X		Rear Impact Guard	X	
Hose/Tubing	X		Headlights	X		Linkage	X		TIRES		
Lining	X		Tail/Stop	X		Power Steering	X		Tread	X	
Antilock System	X		Clearance/Marker	X		Other			Inflation	X	
Automatic Adjusters	X		Identification	X		FUEL SYSTEM			Damage	X	
Low Air Warning	X		Reflectors	X		Tank(s)/Cap(s)	X		Speed Restrictions	X	
Trailer Air Supply	N/A		Other			Lines	X		Other		
Compressor	X										
Parking Brakes	X		CAB/BODY			SUSPENSION			WHEELS/RIM		
Other			Access	X		Springs	X		Fasteners	X	
			Eqpt./Load Secure	X		Attachments	X		Disc/Spoke	X	
COUPLERS			Tie-Downs	X		Sliders	X				
Fifth-Wheel & Mount	N/A		Headerboard	X					WINDSHIELD		
Pin/Upper Plate	N/A		Motorcoach Seats	N/A		MIRRORS			Glass	X	
Pin/Upper Plate	N/A		Other				X		Wipers	X	
Pintle-Hook/Eye											
Safety Chain(s)											

REMARKS

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE



DATE

4-29-26

APPLY LABEL TO A CLEAN, DRY SURFACE.
USE WITH AN OVERLAMINATE (2402) TO
IMPROVE DURABILITY UNDER NORMAL
WEATHER CONDITIONS.

AN INDELIBLE INK MARKER IS RECOMMENDED
FOR USE WHEN FILLING OUT THE LABEL.
INDELIBLE INK IS PERMANENT AND WILL NOT
WASH OFF, BUT MAY FADE DUE TO EXPOSURE
TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL
DISCRETION IS ADVISED REGARDING
APPLICATION OF LABEL TO AN AREA NOT
EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT
AND/OR ELEMENTS AND IT IS RECOMMENDED
THAT THE READABILITY OF THE LABEL BE
CHECKED PERIODICALLY.

4-29-26

RECORD OF ANNUAL INSPECTION

(49 CFR 396.17-23)

Prepare Separate Report for Each Vehicle Inspected

D11111958

COMPANY NAME FLOYD + SONS Inc			VEHICLE TYPE <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER DOLLY		
STREET ADDRESS 1525 DURAND AVE			VEHICLE MAKE HINO		MODEL Futbed
CITY Racine	STATE WI	ZIP 53403	YEAR 2024		
INSPECTOR'S NAME (Please Print) Adam Smith			VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) SPVNT7AP7S5T50531		
			EMPLOYEE NO. #32		

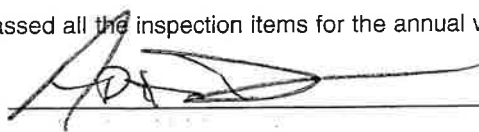
REPORT OF CONDITION (For Detailed Information on Inspection Procedures see FMCSR Part 396, Appendix A)

	OK	REPAIR		OK	REPAIR		OK	REPAIR		OK	REPAIR
BRAKES			EXHAUST			STEERING			FRAME		
Adjustment	X		Leaks	X		Adjustment	X		Members	X	
Mechan. Compon.	X		Placement			Column/Gear	X		Clearance	X	
Drum/Rotor	X		LIGHTING			Axle	X		Rear Impact Guard	X	
Hose/Tubing	X		Headlights	X		Linkage	X		TIRES		
Lining	X		Tail/Stop	X		Power Steering	X		Tread	X	
Antilock System	X		Clearance/Marker	X		Other			Inflation	X	
Automatic Adjusters	X		Identification	X		FUEL SYSTEM			Damage	X	
Low Air Warning	X		Reflectors	X		Tank(s)/Cap(s)			Speed Restrictions	X	
Trailer Air Supply	X		Other			Lines	X		Other		
Compressor	X										
Parking Brakes	X		CAB/BODY			SUSPENSION			WHEELS/RIM		
Other			Access	X		Springs	X		Fasteners	X	
			Eqpt./Load Secure	X		Attachments	X		Disc/Spoke	X	
COUPLERS			Tie-Downs	X		Sliders	X		WINDSHIELD		
Fifth-Wheel & Mount			Headerboard	X					Glass	X	
Pin/Upper Plate			Motorcoach Seats	X		MIRRORS			Wipers	X	
Pintle-Hook/Eye			Other								
Safety Chain(s)											

REMARKS

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE



DATE

4-29-26

APPLY LABEL TO A CLEAN, DRY SURFACE.
USE WITH AN OVERLAMINATE (2402) TO
IMPROVE DURABILITY UNDER NORMAL
WEATHER CONDITIONS.

AN INDELIBLE INK MARKER IS RECOMMENDED
FOR USE WHEN FILLING OUT THE LABEL.
INDELIBLE INK IS PERMANENT AND WILL NOT
WASH OFF, BUT MAY FADE DUE TO EXPOSURE
TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL
DISCRETION IS ADVISED REGARDING
APPLICATION OF LABEL TO AN AREA NOT
EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT
AND/OR ELEMENTS AND IT IS RECOMMENDED
THAT THE READABILITY OF THE LABEL BE
CHECKED PERIODICALLY.

ANNUAL VEHICLE INSPECTION REPORT

4/19/26

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
2064577	38
DATE 4/6/26	

MOTOR CARRIER OPERATOR Floyd & Sons Towing	INSPECTOR'S NAME (PRINT OR TYPE) Tyler Bankenbush
ADDRESS 1525 Duford Ave.	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE Racine, WI, 53403	VEHICLE IDENTIFICATION (AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER INPXL 49X8PD834566
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) Lakeside International

VEHICLE COMPONENTS INSPECTED								
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	
1. BRAKE SYSTEM								
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Vehicle parts, load, dunnage, spare tire, etc., secured.	
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Front End Structure	
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Intermodal Container Securement Devices	
<input checked="" type="checkbox"/>			d. Brake Hose				7. STEERING MECHANISM	
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			b. Steering Column	
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			c. Front Axle Beam/All Other Steering Components	
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			d. Steering Gear Box	
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			e. Pitman Arm	
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			f. Power Steering	
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			g. Ball and Socket Joints	
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links	
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>			i. Nuts	
				<input checked="" type="checkbox"/>			j. Steering System	
2. COUPLING DEVICES								
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			3. SUSPENSION	
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			a. Axle Positioning Parts	
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			b. Spring Assembly	
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components	
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			9. FRAME	
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			a. Frame Members	
3. EXHAUST SYSTEM								
<input checked="" type="checkbox"/>			a. No leaks forward of/ directly below the driver/ sleeper compartment.	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance	
<input checked="" type="checkbox"/>			b. Bus: No leaking/ discharging in violation of standard.	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)	
<input checked="" type="checkbox"/>			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	<input checked="" type="checkbox"/>			10. TIRES	
4. FUEL SYSTEM								
<input checked="" type="checkbox"/>			a. No visible leak.	<input checked="" type="checkbox"/>			a. Steer-Axle Tires	
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap	<input checked="" type="checkbox"/>			b. All Other Tires	
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>			c. Speed-Restricted Tires	
5. LIGHTING DEVICES								
<input checked="" type="checkbox"/>			All required lights/reflectors operable.	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS	
				<input checked="" type="checkbox"/>			a. Lock or Side Ring	
				<input checked="" type="checkbox"/>			b. Wheels and Rims	
				<input checked="" type="checkbox"/>			c. Fasteners	
				<input checked="" type="checkbox"/>			d. Welds	
12. WINDSHIELD GLAZING								
<input checked="" type="checkbox"/>			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS	
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			14. MOTORCOACH SEATS	
				<input checked="" type="checkbox"/>			15. REAR IMPACT GUARD	
				<input checked="" type="checkbox"/>			16. OTHER	
				<input checked="" type="checkbox"/>			List any other condition(s) which may prevent safe operation of this vehicle.	

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK, NEEDS REPAIR, IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.



AGENCY CUSTOMER ID: FLOYAND-01

STAGTOW

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
03/24/2026

AGENCY Robertson Ryan - Racine	CARRIER PIONEER SPECIALTY INSURANCE COMPANY	NAIC CODE 40312
POLICY NUMBER CPP 1205315	EFFECTIVE DATE 04/01/2026	NAMED INSURED(S) Floyd and Sons, Inc.

VEHICLE DESCRIPTION

VEH # 4	YEAR 1988	MAKE: International	BODY TYPE: TRACTOR	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: Semi		V.I.N.: 2HSFBAER6JC013838		PP	SPEC	COML	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
			Racine			WI	53403
LIC STATE WI	TERR 102	GVW / GCW 50,000	CLASS 50403	SIC	FACTOR 0.00	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 78,996					
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 5	YEAR 1994	MAKE: Dakota	BODY TYPE: Trailer	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: Low Boy Trailer		V.I.N.: 1DA72C795RMQ11072		PP	SPEC	COML	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
			Racine			WI	53403
LIC STATE WI	TERR 102	GVW / GCW	CLASS 68403	SIC	FACTOR 0.00	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 50,000					
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 7	YEAR 2002	MAKE: Freightliner	BODY TYPE: BED UNIT	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: FLD120sd		V.I.N.: 1FV7F0Y97YPG93045		PP	SPEC	COML	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
			Racine			WI	53403
LIC STATE WI	TERR 102	GVW / GCW	CLASS 40403	SIC	FACTOR 0.00	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 150,000					
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 8	YEAR 2003	MAKE: Sterling	BODY TYPE: Flatbed	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: Flatbed		V.I.N.: 2FZACFBV33AK67006		PP	SPEC	COML	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
			Racine			WI	53403
LIC STATE WI	TERR 102	GVW / GCW 25,990	CLASS 33403	SIC	FACTOR 0.00	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 75,000					
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 14	YEAR 2003	MAKE: International	BODY TYPE: Truck	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: Truck		V.I.N.: 1HTMKADN73H568780		PP	SPEC	COML	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP
			Racine			WI	53403
LIC STATE WI	TERR 102	GVW / GCW	CLASS 33403	SIC	FACTOR 0.00	SEAT CP	RADIUS 50
FARTHEST TERMINAL		COST NEW \$ 54,904					
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR	F	LSP
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	COMP/OTC
FARM	SERVICE		<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			



AGENCY CUSTOMER ID: FLOYAND-01

STAGTOW

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
03/24/2026

AGENCY Robertson Ryan - Racine		CARRIER PIONEER SPECIALTY INSURANCE COMPANY		NAIC CODE 40312
POLICY NUMBER CPP 1205315		EFFECTIVE DATE 04/01/2026	NAMED INSURED(S) Floyd and Sons, Inc.	

VEHICLE DESCRIPTION

VEH # 20	YEAR 2007	MAKE: Kenworth	BODY TYPE: w/Challenger WRECKER	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS		STREET (Required in KY) Racine		CITY	COUNTY	STATE WI	ZIP 53403	
LIC STATE WI	TERR 102	GVW / GCW	CLASS 40403	SIC	FACTOR 0.00	SEAT CP	RADIUS 50	
USE		FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	
PLEASURE	RETAIL		X	X	TOWING & LABOR	FT	X	
FARM	SERVICE		X	X	SPEC C OF L	FTW	X	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 22	YEAR 2017	MAKE: HINO	BODY TYPE: Vulcan Rollback	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS		STREET (Required in KY) Racine		CITY	COUNTY	STATE WI	ZIP 53403	
LIC STATE WI	TERR 102	GVW / GCW	CLASS 33403	SIC	FACTOR 0.00	SEAT CP	RADIUS 50	
USE		FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	
PLEASURE	RETAIL		X	X	TOWING & LABOR	FT	X	
FARM	SERVICE		X	X	SPEC C OF L	FTW	X	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 24	YEAR 2018	MAKE: HINO	BODY TYPE: Other	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS		STREET (Required in KY) Racine		CITY	COUNTY	STATE WI	ZIP 53403	
LIC STATE WI	TERR 102	GVW / GCW 25,950	CLASS 36403	SIC	FACTOR 0.00	SEAT CP	RADIUS 50	
USE		FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	
PLEASURE	RETAIL		X	X	TOWING & LABOR	FT	X	
FARM	SERVICE		X	X	SPEC C OF L	FTW	X	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 25	YEAR 2011	MAKE: Freightliner	BODY TYPE: Tow Truck	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS		STREET (Required in KY) Racine		CITY	COUNTY	STATE WI	ZIP 53403	
LIC STATE WI	TERR 102	GVW / GCW	CLASS 33403	SIC	FACTOR 0.00	SEAT CP	RADIUS 50	
USE		FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	
PLEASURE	RETAIL		X	X	TOWING & LABOR	FT	X	
FARM	SERVICE		X	X	SPEC C OF L	FTW	X	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 26	YEAR 2020	MAKE: HINO	BODY TYPE: Flatbed	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS		STREET (Required in KY) Racine		CITY	COUNTY	STATE WI	ZIP 53403	
LIC STATE WI	TERR 102	GVW / GCW 25,950	CLASS 36403	SIC	FACTOR 0.00	SEAT CP	RADIUS 50	
USE		FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	
PLEASURE	RETAIL		X	X	TOWING & LABOR	FT	X	
FARM	SERVICE		X	X	SPEC C OF L	FTW	X	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			



AGENCY CUSTOMER ID: FLOYAND-01

STAGTOW

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
03/24/2026

AGENCY Robertson Ryan - Racine		CARRIER PIONEER SPECIALTY INSURANCE COMPANY		NAIC CODE 40312
POLICY NUMBER CPP 1205315		EFFECTIVE DATE 04/01/2026	NAMED INSURED(S) Floyd and Sons, Inc.	

VEHICLE DESCRIPTION

VEH # 33	YEAR 2022	MAKE: HINO	MODEL: L6 Flatbed Truck	BODY TYPE: Truck	V.I.N.: 5PVNJ7AP6N5T50007	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
				Racine				WI	53403			
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
WI	102	26,000	33403		0.00		50			\$ 122,000		
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	PLEASURE		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP/OTC	FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$ 1,000	
	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 3,000	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 34	YEAR 2016	MAKE: Dodge	MODEL: Ram 1500	BODY TYPE: Pickup Truck	V.I.N.: 3C6RR7LT0GG266658	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
				Racine				WI	53403			
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
WI	102	6,800	01499		0.00		50			\$ 42,010		
USE	<input type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	PLEASURE		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP/OTC	FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$ 1,000	
	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 36	YEAR 2016	MAKE: Freightliner M2EC	MODEL: w/Century Wrecker	BODY TYPE: Truck	V.I.N.: 1FVACXCXY1GHGX2576	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
				Racine				WI	53403			
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
WI	102		40403		0.00		50			\$ 214,000		
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	PLEASURE		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP/OTC	FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$ 1,000	
	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 3,000	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 37	YEAR 2004	MAKE: Wabash	MODEL: Box Trailer	BODY TYPE: Trailer	V.I.N.: 1JJV532W94L899916	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
				Racine				WI	53403			
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
WI	102		68403		0.00		50			\$ 75,640		
USE	<input type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	PLEASURE		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP/OTC	FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	
	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 38	YEAR 2025	MAKE: HINO	MODEL: L6A Flatbed Truck	BODY TYPE: Truck	V.I.N.: 5PVNJ7AP7S5T50531	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP			
				Racine				WI	53403			
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
WI	102	25,500	33403		0.00		50			\$ 133,000		
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	PLEASURE		<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP/OTC	FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$ 1,000	
	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 3,000	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								



AGENCY CUSTOMER ID: FLOYAND-01

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VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
03/24/2026

AGENCY Robertson Ryan - Racine		CARRIER PIONEER SPECIALTY INSURANCE COMPANY		NAIC CODE 40312
POLICY NUMBER CPP 1205315		EFFECTIVE DATE 04/01/2026	NAMED INSURED(S) Floyd and Sons, Inc.	

VEHICLE DESCRIPTION

VEH # 39	YEAR 2025	MAKE: HINO	BODY TYPE: Truck	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS 1525 Durand Avenue		CITY Racine		COUNTY			STATE WI	ZIP 53403	
LIC STATE WI	TERR 102	GVW / GCW 25,500	CLASS 33403	SIC	FACTOR 0.00	SEAT CP	RADIUS 50	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> SPEC C OF L	<input checked="" type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # 40	YEAR 2025	MAKE: Kenworth T880	BODY TYPE: Other	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS 1525 Durand Avenue		CITY Racine		COUNTY			STATE WI	ZIP 53403	
LIC STATE WI	TERR 102	GVW / GCW 50,000	CLASS 50403	SIC	FACTOR 0.00	SEAT CP	RADIUS 50	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> SPEC C OF L	<input checked="" type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		CITY		COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		CITY		COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		CITY		COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		CITY		COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				