AMERICA OUTDOORS INSURANCE PROGRAM
AUTO INSURANCE APPLICATION

VEHICLE SCHEDULE

			COVERAGE PERIOD		COVERAGE SUSPENDED Mark YES or NO on each!			
YEAR / MAKE / MODEL	PRICE NEW	VEHICLE ID NUMBER (VIN)	FROM:	TO:	LIABILITY	UM/UIM	COMP	COLLISION

Comprehensive & Collision Deductible: _____

Are all vehicles covered for physical damage? _____

I understand that coverage for my vehicles is only in force during the period shown under COVERAGE PERIOD. Liability, Comprehensive and Collision Coverages will only remain in force if NO Suspension under COVERAGES SUSPENDED.

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DRIVERS LIST

NAME AS IT APPEARS ON LICENSE	D.O.B.	LICENSE NUMBER	STATE