



SierraSpecialty

SierraSpecialty
389 Clovis Ave., Suite 100
Clovis, CA 93612
559-256-6900
559-256-6950 fax
866-814-9378 toll free
CA Ins. Lic. #0E81019
www.SierraSpecialty.com

Towing V₃antage[®] Supplemental Vehicle Schedule

Email to: TowTruck@SierraSpecialty.com

GENERAL INFORMATION

Proposed Policy Period: _____ To _____

Insured Name: _____

DBA (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Vehicle Schedule **Mandatory: Provide License Tag numbers (NY only)**

Veh No	Model Year	Vehicle Make	Vehicle Model	GVW	Garaging Location (City & State)	Radius	Original Cost New	VIN	On-Hook Limit	On-Hook Ded
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										



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1. Will lessor be added as add'l insured? Yes No If yes, give name and address of lessor for each vehicle:

2. Will loss payee be added? Yes No If yes, give name and address of loss payee for each vehicle:

SIGNATURE OF APPLICANT

I have read this supplement and certify that the answers and information herein are true and correct to the best of my knowledge.

Signature of Insured: _____

Print Name: _____

Date: _____

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

SIGNATURE OF PRODUCER

Signature of Producer: _____

Print Name of Producer: _____

Name of Agency: _____

Date: _____

Need State Producers license No (require in FL): _____