



CTC Transportation Insurance Services, LLC
12707 High Bluff Drive, Suite 200
San Diego, CA 92130
Phone: (858) 350-4370
Fax: (858) 430-9456

AGENCY NAME: _____
PRODUCER: _____
E-MAIL: _____
FAX NUMBER: _____

SCHEDULE OF VEHICLES SUPPLEMENT (FMC-3)

1. Name of Applicant:

2. Attach an Equipment Schedule (Include the following for each vehicle.)

- A. Model year
- B. Trade name
- C. Vehicle type
- D. Serial number
- E. Maximum radius
- F. Gross Vehicle weight
- G. Garaging location
- H. Ownership (company or owner operator)
- I. For vehicles on which Physical Damage coverage is requested please provide the following information:
 - 1. Present unit value
 - 2. Desired deductible
 - 3. Amount of insurance requested
 - 4. Loss Payee: Name and Address

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