ARIZONA MUNICIPAL RISK RETENTION POOL
MUNICIPAL AUTO COVERAGE PART
AUTO SCHEDULE

Coverage Agreement Number: **AM XXXX**
Member: **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**
Rating Period From: **XX/XX/XX 12:01 AM at the Mailing Address on the Common Declarations**
To: **XX/XX/XX**

"Autos" owned at the start of the rating period and shown in this Schedule have coverages indicated by "X". Coverage is subject to the deductible shown.

Auto # Description VIN	*Compre-hensive	*Comp Deductible	**Specified Causes/Loss	**SC of L Deductible	Collision	Collision Deductible	Stated Amount	Stated Amount $

AZMAS (10/03)