

**CAROLINA CASUALTY INSURANCE COMPANY
PHYSICAL DAMAGE MONTHLY REPORT OF VALUES**

NAMED INSURED: _____ **POLICY NO:** _____

REPORT FOR THE MONTH OF: _____

VALUES AS OF POLICY INCEPTION OR END OR PRIOR MONTH: \$ _____

(Complete for most recent month)

2. ADDITION OF AUTOMOBILES DURING THE MONTH:

| Date | Description of Automobile and 17 Digit VIN # | Limit of Insurance* |
|-------|--|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. DELETIONS OF AUTOMOBILES DURING THE MONTH:

| Date | Description of Automobile and 17 Digit VIN # | Limit of Insurance* |
|-------|--|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

* ACV for Private Passenger Types

TOTAL VALUES FOR MONTH 1 + 2 - 3 = _____
RATE X _____
PREMIUM _____