

MONTHLY REPORT OF GROSS RECEIPTS OR MILEAGE

NAMED INSURED _____ POLICY NO. _____

Period Beginning _____ / _____ / _____ Ending _____ / _____ / _____

COVERAGE	AMOUNT OF GROSS RECEIPTS/MILEAGE	RATE	PREMIUM
LIABILITY			
CARGO			
AUTO PHYSICAL DAMAGE*			
COMMERCIAL GENERAL LIABILITY			
AVERAGE NUMBER OF OPERATING POWER UNITS FOR THE MONTH:			

DEFINITIONS:

Gross Receipts: The total amount to which you are entitled for the transportation of property during the reporting period.

Gross Receipts does not include: (a) the amount which you pay to railroads, steamship lines, airlines and interline connecting motor carriers operating under their own state or federal permits; (b) direct taxes on the shipper which you collect as separate items and pay directly to a government division; (c) C.O.D. collections for cost of merchandise including collection fees; (d) warehouse storage charges; (e) advertising income;

Mileage: The total mileage, loaded and unloaded of all "autos" you operate for the transportation of property or people during the reporting period.

Operating Units: All units owned or leased as defined in the description of covered auto designation symbols.

***For Physical Damage on a value basis, use form 509, Physical Damage Monthly Report of Values.**

INSTRUCTIONS FOR USE: Fill in report completely and forward (2) copies to your agent by the (10) day of following month, with remittance covering the total earned premium.

My/our check No. _____ in the amount of \$ _____ is attached in payment of the amount of premium above indicated. I/we hereby certify that the sum(s) shown above is/are correct amounts for the period reported herein.

Dated _____ / _____ / _____ Your Signature _____