

## MONTHLY REPORT OF GROSS RECEIPTS OR MILEAGE

**NAMED INSURED:** \_\_\_\_\_ **POLICY NO:** \_\_\_\_\_

**Period Beginning:**        /        /        **Ending:**        /        /

COVERAGE	AMOUNT OF GROSS RECEIPTS / MILEAGE	RATE	PREMIUM
<b>LIABILITY</b>			
<b>CARGO</b>			
<b>AUTO PHYSICAL DAMAGE *</b>			
<b>COMMERCIAL GENERAL LIABILITY</b>			

**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 operation 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 collections 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.

**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