

# 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 \_\_\_\_\_