

MONTHLY REPORT OF POWER UNITS

NAMED INSURED _____ POLICY NO. _____

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

COVERAGE	NUMBER OF UNITS/VALUES	MONTHLY RATE	PREMIUM
LIABILITY - Tractors			
LIABILITY - Trailers			
CARGO			
AUTO PHYSICAL DAMAGE*			

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 Attached, 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 _____

PHYSICAL DAMAGE MONTHLY REPORT OF VALUES

NAMED INSURED: _____ POLICY NO: _____

REPORT FOR THE MONTH OF: _____

1. 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 _____