



**CREATIVE UNDERWRITERS CORPORATION**  
 140 EAST MAIN STREET, CARMEL, IN 46032  
 1-800-769-4321 • Fax (317) 848-7869  
 AutoQuotes@CreativeUnderwriters.com

**MONTHLY REPORT – NON-TRUCKING LIABILITY**

Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 For the period beginning: \_\_\_\_\_ And ending: \_\_\_\_\_

<b>Autos added</b>						
Unit #	Model Yr	Make	Type *	VIN / Serial #	Effect Date	Owner / Operator

<b>Autos deleted</b>						
Unit #	Model Yr	Make	Type *	VIN / Serial #	Effect Date	Owner / Operator

Number of auto from previous report: \_\_\_\_\_  
 Autos added: \_\_\_\_\_  
 Autos deleted: \_\_\_\_\_  
 Total autos at end of reporting period: \_\_\_\_\_  
 Monthly rate: \$ \_\_\_\_\_  
 Total premium due: \$ \_\_\_\_\_

***This report is due by the 15<sup>th</sup> of the month following the reporting month.***

I certify this report to be true and correct.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Printed name of person signing & title

\* type of vehicle: T = tractor; TK = truck; TR = trailer; O = other, provide description