THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL DAMAGE MONTHLY REPORT OF VALUES AND LOSS PAYEES

Named Insured: _____ Policy Number: _____

Report for the Month of: _____

1. VALUES AS OF POLICY INCEPTION OR END OF PRIOR MONTH (Complete for most recent period)

_____

2. ADDITIONS OF AUTOMOBILES DURING THE MONTH:

Date	Vehicle Year	Vehicle Make & Model	VIN	Loss Payee	Stated Amount

3. DELETIONS OF AUTOMOBILES DURING THE MONTH:

Date	Vehicle Year	Vehicle Make & Model	VIN	Loss Payee	Stated Amount

Total Values for Month (1+2+3) **=** _____

RATE X _____

PREMIUM _____