THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MONTHLY REPORT OF UNITS

Named Insured: _____ Policy Number: _____

Period Beginning: _____ Ending: _____

Coverage	Rate Per Unit	Number of Operating Units	Premium
Liability – Power Units			
Cargo – Power Units			
Liability – Other Units			
Cargo – Other Units			

Definition: All units owned or leased as defined in the description of covered auto designation symbols.

INSTRUCTIONS FOR USE: Fill in report completely and forward two (2) copies to your agent by the tenth (10) day of the following month, with remittance covering the total earned premium.

Include payment in the amount of $_____ which reflects the total amount of premium above.

I hereby certify that the sums indicated above are accurate for the period reported herein.

Date:_____

Printed Name: _____

Signature:_____