**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# MONTHLY REPORT OF GROSS RECEIPTS OR MILEAGE

Named Insured: _____ Policy Number: _____

Period Beginning: _____ Ending: _____

| COVERAGE | AMOUNT OF GROSS RECEIPTS/MILEAGE | RATE | PREMIUM |
|---|---|---|---|
| **LIABILITY** | | | |
| **CARGO** | | | |
| **PHYSICAL DAMAGE*** | | | |
| **COMMERCIAL GENERAL LIABILITY** | | | |
| | | | |
| **AVERAGE NUMBER OF OPERATING POWER UNITS FOR THE MONTH:** | | | |

**Definitions:**

1. Gross Receipts: The total amount to which you are entitled for the transportation of property during the reporting period. Gross receipts do 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.
2. Mileage: The total mileage, loaded and unloaded of all "autos" you operate for the transportation of property or people during the reporting period.
3. 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 Form BP 20 20, Physical Damage Monthly Report of Values.**

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:_____