

**REPORTING FORM SCHEDULE – MASSACHUSETTS**

For the reporting period ending \_\_\_\_\_

If this endorsement is attached to your policy, all references to Coverage Selections Page include this **Reporting Form Schedule**.

**Additions/Changes:**

Year	Make	Model	VIN	<b>Guaranteed Value®</b>
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**Deletions:**

Year	Make	Model	VIN	<b>Guaranteed Value®</b>
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By signing below, I am indicating my acceptance and understanding of the inventory policy. I agree to submit an updated inventory list, detailing my additional and replacement vehicle(s) or any vehicle(s) for which I wish to delete or change amounts of insurance, on a quarterly basis. I understand that I must notify the company and receive confirmation for any single vehicle valued over the maximum **Guaranteed Value®** for any one vehicle shown in the Coverage Selections Page.

Named Insured \_\_\_\_\_ Date \_\_\_\_\_