

REPORTING FORM SCHEDULE

For the reporting period ending_____

Additions:

Year	Make	Model	VIN	Limit
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Deletions:

Year	Make	Model	VIN	Limit
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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 on a quarterly basis. I understand that I must notify the company and receive confirmation for any single vehicle valued over the maximum limit set for any one auto.

Named Insured_____Date_____