

REPORTING FORM SCHEDULE

For the reporting period ending _____

Additions/Changes:

Year	Make	Model	VIN	"Guaranteed Value®"
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Deletions:

Year	Make	Model	VIN	"Guaranteed Value®"
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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) I wish to delete or change amounts of insurance for, 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 Declarations or Schedule.

Named Insured _____ Date _____