

Monthly Inventory Statement of Values Worksheet

Insured Name:
Insured Location:

| Month | New Vehicles Monthly Average Value (Column B) | New Vehicles insured by floorplanner (Column C) | New Vehicles Insurable Value (B Minus C) | Owned Vehicles Monthly Average Value (Column E) | Owned Vehicles insured by floorplanner (Column F) | Owned Vehicles Insurable Value (E Minus F) | Furnished Vehicles Monthly Average Value (Column H) | Furnished Vehicles insured by floorplanner (Column I) | Furnished Vehicles Insurable Value (H Minus I) | Shop/Service Vehicles Average Value (Column K) | Shop/Service Vehicles insured by floorplanner (Column L) | Shop/Service Vehicles Insurable Value (K Minus L) |
|-----------|---|---|--|---|---|--|---|---|--|--|--|---|
| January | | | | | | | | | | | | |
| February | | | | | | | | | | | | |
| March | | | | | | | | | | | | |
| April | | | | | | | | | | | | |
| May | | | | | | | | | | | | |
| June | | | | | | | | | | | | |
| July | | | | | | | | | | | | |
| August | | | | | | | | | | | | |
| September | | | | | | | | | | | | |
| October | | | | | | | | | | | | |
| November | | | | | | | | | | | | |
| December | | | | | | | | | | | | |

Average Values per Column:

New Vehicles

Owned Vehicles

Furnished Vehicles

Shop/Service Vehicles

Total Average Ratable Value:

Use this figure on page 1 of application

Dealer Officer & Title:

_____ (form should be signed by the officer who has completed the above information)

Date: