

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: