



**Ultimate Loss Insurance
Premium Report**

250 East Broad Street 7th Floor
Columbus, OH 43215-8581
(614) 228-2800 • (800) 628-8581
www.ohioindemnity.com

Policy: **UL** _____

Name Insured: _____

Report for Month Ended: _____

Monthly Outstanding Balance Premium Rate				
Direct Loans	Outstanding Loan Balance	Current Loan Volume	M.O.B Rate	Premium Amount
Automobile	\$		\$/1000.00	\$
Mobile Homes	\$		\$/1000.00	\$
Watercraft	\$		\$/1000.00	\$
Recreational Vehicles	\$		\$/1000.00	\$
Motorcycles	\$		\$/1000.00	\$
Other (Please Describe)	\$		\$/1000.00	\$
Indirect Loans	Outstanding Loan Balance	Current Loan Volume	M.O.B Rate	Premium Amount
Automobile	\$		\$/1000.00	\$
Mobile Homes	\$		\$/1000.00	\$
Watercraft	\$		\$/1000.00	\$
Recreational Vehicles	\$		\$/1000.00	\$
Motorcycles	\$		\$/1000.00	\$
Other (Please Describe)	\$		\$/1000.00	\$
Leases	Outstanding Loan Balance	Current Loan Volume	M.O.B Rate	Premium Amount
Automobile	\$		\$/1000.00	\$
Other (Please Describe)	\$		\$/1000.00	\$

Total Premium: \$ _____

Minimum Monthly Premium: \$ _____

Amount Remitted: \$ _____

Please submit this report and proper remittance within ten days after the end of the each calendar month.

_____ () _____

Person Reporting / Date

Telephone Number

Manager's Signature

FRAUD NOTICE: It is unlawful to make any materially false or fraudulent statement or representation in connection with an insurance transaction, including, but not limited to any application for coverage or the presentation of any claim. Violation may result in criminal prosecution and/or civil litigation. The above statements are true and correct to the best of my knowledge. No material facts are withheld of which the insurer should be informed.