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|-----------------|-----------------------------------|
| NAME OF INSURED | GARAGE VEHICLE CERTIFICATE NUMBER |
|-----------------|-----------------------------------|

Total Value of all Vehicles Owned by or Leased to the Insured

Insert required values in each category for each of the 12 consecutive months and the total per month for all categories ending not more than 93 days prior to the effective date of this policy.

| | A MONTH/YEAR | B UNLICENSED NEW STOCK | C UNLICENSED USED STOCK | D LICENSED VEHICLES (E.G.) DEMOS SERVICE VEHICLES | E TOTAL OF B + C + D |
|----|------------------------|-------------------------------------|--------------------------------------|---|--------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| | Totals | | | | |
| | Averages | | | | |

This worksheet is provided as a courtesy. Use of this worksheet is at your own risk, and is not mandatory. This worksheet is not an application for insurance and does not bind ICBC coverage.