



Ultimate Loss Insurance Premium Report

250 East Broad Street 10th Floor
Columbus, OH 43215-8581
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www.ohioindemnity.com

OHIO INDEMNITY COMPANY

Policy: **UL** _____

Name Insured: _____

Report for Month Ended: _____

Per New Loan Premium Rate			
Direct Loans	Number of Loans Made	Premium Rate	Premium Amount
Automobile			\$
Mobile Homes			\$
Watercraft			\$
Recreational Vehicles			\$
Motorcycles			\$
Other (Please Describe)			\$
Indirect Loans	Number of Loans Made	Premium Rate	Premium Amount
Automobile			\$
Mobile Homes			\$
Watercraft			\$
Recreational Vehicles			\$
Motorcycles			\$
Other (Please Describe)			\$
Leases	Number of Leases Made	Premium Rate	Premium Amount
Automobile			\$
Other (Please Describe)			\$

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.