STANDARD PAYROLL REPORT FORM

(For attachment only to a Garage Policy N.S.P.F. No. 4)

1.	INSURER:	Attached to and forming part of Policy No.:				
	INSURED:	This endorsement shall be		D	AM PM Local Time	
2.	The following locations are included:		se	State whether rvice station or	sales, repairs, public parking lot	
	Business Address (A)					
3.	3. Do you conduct any other type of business at the locations stated above or sell any goods other than automobiles and their equipment accessories? If so, state nature of such other operations and the location where conducted					
4.	The payroll for the Policy Period is made up as follows:					
	(a) Names of All:					
	(1) Proprietors					
	(2) Partners					
(3) Executive Officers						
	(b) All other employees other than above:		Number employed Maxim at date of this report		n Remuneration ach Year \$	
	(1) Salespeople (including commission)					
	(2) Managers, chauffeurs and other employees operating or testing automobiles					
	(3) Mechanics, stock clerks, clerical and other garage employees					
	(4) Employees engaged in other business as stated in 3 above					
		TOTAL \$				
5.	We hereby certify that our total expenditure for salaries, wages, commissions, bonuses and other compensation, was as stated above					
	the Policy Period fromtoinclusive				inclusive.	
	Signature of Insured Per					
	FOR HEAD OFFICE USE ONLY	Minimum Premiums	Advance Premiums	Earned Premiums	Additional or Return Premiums	
	Premium Adjustment on Actual Payroll	\$	\$	\$	\$	
	Section A \$@					
	Section A.1 \$ @					
	Section B \$ @					
	Section C \$@					
	Section D–Subsection 1 \$ @					
Date of Report Total D Additional Return Premiu						