



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

SCHEDULE OF MONTHLY EVENTS

Date Report Completed: _____

Date of 1st Event: _____

Date of Last Event: _____

Insured Name: _____

Policy #: _____

Note: Only those events which are reported monthly on your Policy will be provided coverage. Report must be in the Insurer's office by the 10th of each month. Add additional sheets as necessary.

Event: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Dates of Rental: _____

List of Equipment Rented: _____

Event: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Dates of Rental: _____

List of Equipment Rented: _____

Event: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Dates of Rental: _____

List of Equipment Rented: _____

Event: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Dates of Rental: _____

List of Equipment Rented: _____

Print Name: _____ **Daytime Phone:** _____

Signature: _____ **Date:** _____