



8722 S. Harrison St. Sandy, UT 84070  
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### Schedule of Monthly Locations

Date Report Completed: \_\_\_\_\_ For the Month of: \_\_\_\_\_

Date of 1st Job: \_\_\_\_\_ Date of Last Job: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Note: Only those job locations which are reported monthly will be provided coverage. Report must be in the Insurer's office by the 10th of the month following the month in which the jobs at the locations listed below occurred. For example, jobs that occurred during October need the locations for those jobs reported to the UDA office by November 10. Only events for work covered under your Policy need to be listed. Add additional sheets as necessary.

Location Type: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Performed: \_\_\_\_\_

Location Type: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Performed: \_\_\_\_\_

Location Type: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Performed: \_\_\_\_\_

Location Type: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Performed: \_\_\_\_\_

Location Type: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Performed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_