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## 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:** \_\_\_\_\_