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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: _____