



International Special Events and Recreation Association Incorporated  
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## SCHEDULE OF MONTHLY EVENTS

Date Report Completed: \_\_\_\_\_

Events for the Month of: \_\_\_\_\_

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

Master Coverage Contract #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

**Note: Only those events 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 events listed below occurred. For example, events that occurred during October need to be reported to the ISERA by November 10. Only events for equipment covered under your coverage contract need to be listed. 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: \_\_\_\_\_

Event: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Dates of Rental: \_\_\_\_\_

List of Equipment Rented: \_\_\_\_\_

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

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