



UNIVERSAL CASUALTY
RISK RETENTION GROUP, INC.

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Monthly Reporting Form

Insured's Name:

Policy Number:

Address:

Policy Period:

This report and calculation involves the following period: _____ to _____

Step 1: Number of vehicles at the beginning of the month: _____

Step 2: Number of vehicles at the end of the month: _____

Step 3: Sum of the beginning and the end: _____

Step 4: Sum divided by 2: _____

Coverage	Step 5: Units	Rate	Step 6: Monthly Premium
Auto Liability		\$40.24	
Physical Damage		\$23.71	
Fees, Surcharges, or Taxes	n/a	NJ - .6%	
Step 7: Total Due			

Person completing report for insured

Date

Title

Signature

Fleet list must be attached to this report. Returned Checks will be subject to a \$40.00 fee. After 30 days, a 1.5% monthly finance charge will be assessed on outstanding balances plus collection fees.

PLEASE REMIT PAYMENT TO OUR OFFICE BEFORE THE 10TH OF EACH MONTH.