



**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			
Physical Damage			
Fees, Surcharges, or Taxes	n/a		
<b>Step 7: Total Due</b>			

\_\_\_\_\_  
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.**