



Worldwide Outfitter and Guides Association Incorporated
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SCHEDULE OF MONTHLY RENTALS

Date Report Completed: _____

Rentals 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.

Renter's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Driver's License #: _____

Rental Invoice #: _____ Dates of Rental: _____

Renter's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Driver's License #: _____

Rental Invoice #: _____ Dates of Rental: _____

Renter's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Driver's License #: _____

Rental Invoice #: _____ Dates of Rental: _____

Renter's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Driver's License #: _____

Rental Invoice #: _____ Dates of Rental: _____

Renter's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Driver's License #: _____

Rental Invoice #: _____ Dates of Rental: _____

Print Name: _____ Daytime Phone: _____

Signature: _____ Date: _____