

Pay-As-You Sell Report Tracking

| Name: | |
|----------------------------|-----|
| Policy Number: | |
| Policy Period: | |
| Agent Name: | |
| Completed Operations Rate: | |
| Total Premium Paid: | \$0 |

| Report Month/Year | Lot Number | Subdivision | Address | Gross Sales Receipts | Premium Amount |
|-------------------|------------|-------------|---------|-------------------------|---|
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 \$0 |
| | | | | | \$0 |
| | | | | | \$0 \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 \$0 \$0 |
| | | | | | \$0 \$0 |
| | | | Total | Φ. | \$0 \$0 |
| | | | Total: | D - | \$0 |