



# Underwriting Service Management Co

P.O. Box 323  
Tylersport, PA 18971  
(215)647-9600

## SUBMISSION SUMMARY

INSURED NAME: \_\_\_\_\_ SUBMITTING AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPOSED EFFECTIVE DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

QUOTE NEEDED DATE: \_\_\_\_\_

COVERAGE REQUESTED: \_\_\_\_\_

DESCRIPTION OF OPERATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPOSURES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TARGET/EXPIRING PREMIUM: \_\_\_\_\_

TARGET/EXPIRING SIR: \_\_\_\_\_

### LOSS HISTORY:

POLICY TERM:	# OF CLAIMS	AMOUNT PAID	OPEN RESERVE	TOTAL INCURRED
2018 - 19				
2017 - 18				
2016 - 17				
2015 - 16				
2014 - 15				

### DETAILS ON CLAIMS OVER \$25K

#### DOCUMENTS INCLUDED FOR REVIEW:

- ACORD APPLICATION [125/126]
- LOSS RUNS
- SUPPLEMENTAL APPLICATION [INCLUDES HISTORICAL PAYROLL & RECEIPTS]
- RESUME [NEW VENTURES]
- SAFETY MANUAL/PROGRAM

#### UNDERWRITER NOTES: