



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: