



# Underwriting Service Management Co

3800 Ashland Drive  
Harleysville, PA 19438  
(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: