



Industrial Casualty Submission Cover Letter

Agency:

Location:

Named Insured:

Location Address:

Proposed Effective Date:

Audit/Inspection Contact and Telephone Number:

Complete Description of Operations:

Years in business or previous experience information that will qualify the applicant to do their operation:

Loss History for the last 5 years (include detail over \$5,000):

Gross Receipts and payroll for the past three years including upcoming year:

Current insurance carrier, premium and retrodate (if applicable):

Comments:

Acord application must be complete. Attach brochures, material safety data sheets, information from web sites or other pertinent items. Please refer to classification pages for class acceptability prior to submitting.