



**SUBMISSION CHECKLIST**

(Required on all new and renewal submissions to FUSA)

Agent Name \_\_\_\_\_ Date \_\_\_\_\_

Named Insured \_\_\_\_\_

Desired Effective Date \_\_\_\_\_ # of years in business under this name \_\_\_\_\_

New Business to FUSA      or       Renewal  
Coverage Requested \_\_\_\_\_

Insured has been Non-renewed or Cancelled?  
Why? \_\_\_\_\_

Has this risk been declined by any carrier? Why? \_\_\_\_\_  
\_\_\_\_\_

***Please include the following: (Asterisk (\*) indicates confirmation or required information)***

Completed Applicable Acord Applications.\*

Any Supplemental Applications if required by the market.\*

Company Loss Runs for the current year plus 3 previous years. **Loss Runs often produce a better quote.** (only exception would be a new business)\*

Expired Premium and Exposure by line (exception new in business) If known please include to help in underwriting the account.

Pictures of Property and/or Diagram with distances

Driver List with License #'s & MVR's \*(**Will not quote auto without these items**)

Clearly Describe Operations and Additional Insured's:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_