



**USMC Insurance**

Undwriting Services Management Co  
PO BOX 526  
Solebury, PA 18963

## Submission Summary - Hired/Non-Owned Auto

Name:

Address:

Effective Date:

GL only

CGL incl. Products

Occurrence

Claims Made

Description of Risk:

Gross Receipts:

Payroll:

Cost for Subs:

# Drivers/Vehicles

Loss Summary:

Deductible Indication:

Premium Indication:

Renewal Position:

Comments:

### Submission Checklist:

ACORD 125

ACORD 126

Supplemental

Loss Runs 3-5 years

Copy Drivers/Vehicles list

\*Minimum Limits 100/300