

LIBERTY MUTUAL INSURANCE COMPANY
UNDERWRITING REPORT
ALUMNI AND PROFESSIONAL ASSOCIATIONS

PLEASE FILL THIS FORM OUT IN ITS ENTIRETY AND FAX TO: 603-334-7336

A qualified Liberty Mutual Representative will contact you within
five (5) business days to discuss your submittal.

NAME OF ASSOCIATION
ADDRESS OF ASSOCIATION
Street:
City:
State:
Zip:
WEBSITE
GENERAL NATURE OF ASSOCIATION & BRIEF DESCRIPTION
LENGTH OF EXISTENCE OF ASSOCIATION
NUMBER OF MEMBERS IN ASSOCIATION
ADDITIONAL PERTINENT DATA

**PLEASE STATE WHETHER LIBERTY MUTUAL IS REPLACING
ANOTHER CARRIER AND IF SO, WHO.**

BROKER INFORMATION

Broker Name:

Company Name:

Street:

City:

State:

Zip Code:

Telephone No.:

Fax No.:

E-Mail Address:

Web Address:

How did you hear of our program?

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