

LIBERTY MUTUAL INSURANCE COMPANY
UNDERWRITING REPORT
EMPLOYER GROUPS

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 COMPANY
ADDRESS OF COMPANY
Street:
City:
State:
Zip:
WEBSITE
GENERAL NATURE OF OPERATIONS & BRIEF DESCRIPTION
NAICS CODE – 6 DIGIT (If Known)
COMPANY HEADQUARTERS (If other than above address)
Street:
City:
State:
Zip:

PRIMARY COMPANY LOCATIONS

CITY & STATE	# OF EMPLOYEES AT LOCATION

PERSONNEL OF COMPANY (Companywide)

JOB CLASSIFICATION	# OF EMPLOYEES IN CLASS
Officials & Managers	
Professionals	
Technicians	
Sales Workers	
Office & Clerical	
Skilled Craft Workers	
Semi – Skilled Operatives	
Unskilled Laborers	
Service Workers	
Total	

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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