

PREMIUM REMITTANCE REPORT

Policyholder: _____

Month

Due: _____

Specific Coverage	No. of Employees	Rate	Premium Due
Aggregate Coverage	No. of Employees	Rate	Premium Due

Please enclose a completed copy of this form with your check made payable to:

Skyward Underwriters Agency, Inc.

PREMIUM DUE: _____

REGULAR MAIL ADDRESS:

Skyward Underwriters Agency, Inc.
P. O. Box 849998
Dallas, TX 75284-9998

OVERNIGHT PHYSICAL ADDRESS:

Skyward Underwriters Agency, Inc.
C/O Bank of America Lockbox Services
Lockbox 849998
1950 N. Stemmons Freeway
Dallas, TX 75207

ELECTRONIC PAYMENT INFORMATION:

ACH- Skyward AH Reinsurers Agent
Account Routing # 111000025
Acct # 488038558243
Bank of America

DIRECT WIRE:

Skyward AH Reinsurers Agents
Account Routing # 026009593
Acct # 488038558243
Bank of America

For all premium correspondence including completed worksheets for EFT payments please use the following e-mail address: premiumaccounting@skywardinsurance.com

Form Completed by: _____ Phone# _____