

## PREMIUM REMITTANCE REPORT

Month

Due:

Policyholder: \_\_\_\_\_

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:

PREMIUM DUE: \_\_\_\_\_

Skyward Underwriters Agency, Inc.

## REGULAR MAIL ADDRESS:

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

## ELECTRONIC PAYMENT INFORMATION:

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

## OVERNIGHT PHYSICAL ADDRESS:

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

## 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](mailto:premiumaccounting@skywardinsurance.com)

Form Completed by: \_\_\_\_\_ Phone# \_\_\_\_\_