



PROPERTY / CASUALTY RENEWAL QUESTIONNAIRE

THIS RENEWAL QUESTIONNAIRE IS TO BE USED FOR RISKS WHICH HAVE NO SIGNIFICANT CHANGES IN OPERATIONS. IF THERE IS ANY CHANGE IN LOCATION, IF YOU ARE ADDING A NEW LOCATION OR IF THERE ARE OTHER SIGNIFICANT CHANGES IN YOUR OPERATIONS, A NEW ACORD APPLICATION MUST BE COMPLETED.

1. PROPOSED RENEWAL TERM Effective Date: \_\_\_\_\_ to Expiration Date: \_\_\_\_\_

2. APPLICANT INFORMATION

Business Entity: [ ] Individual [ ] Partnership [ ] Corporation [ ] LLC [ ] Other: \_\_\_\_\_

Applicant's Name \_\_\_\_\_

DBA \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location 1 \_\_\_\_\_

Location 2 \_\_\_\_\_

Inspection Contact \_\_\_\_\_ Ph \_\_\_\_\_ Email \_\_\_\_\_

3. NATURE OF BUSINESS

Describe changes in the Insured operations that has occurred during the proceeding policy term:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. COVERAGE / LIMITS / EXPOSURES

PROPERTY COVERAGE:

[ ] Quote renewal using expiring coverage / limits  
[ ] Quote renewal with the following changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GENERAL LIABILITY COVERAGE:

Gross Sales / Revenues: \_\_\_\_\_ Cost of Sub Work: \_\_\_\_\_ Other: \_\_\_\_\_  
Number of Owners / Principals: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Employee Payroll: \_\_\_\_\_  
[ ] Quote renewal using expiring coverage / limits  
[ ] Quote renewal with the following changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER COVERAGE (Specify): \_\_\_\_\_

[ ] Quote renewal using expiring coverage / limits  
[ ] Quote renewal with the following changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

Applicant's Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Date Signed \_\_\_\_\_

Producer's Signature \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Date Signed \_\_\_\_\_