



RENEWAL QUESTIONNAIRE

Please fill out this renewal update for your upcoming year, as your broker will need your updated information to shop the market. Several new markets have become available since this policy was bound and we would welcome the opportunity to remarket your policy again this year. You may return this questionnaire to us by fax, email or postal mail service.

Please Complete The Following Information

Policy Holder Contact Name: _____

Business Name (as it appears on your policy) _____

Phone Number: _____ Fax Number: _____ Cell Phone Number: _____

E-mail Address: _____

Website Address: _____

Since You Last Discussed Your Policy With Your Insurance Professional:

Have there been any changes or additions to your business operations? NO CHANGES
If yes, explain _____

Have you purchased any new property (e.g., computers, tools, equipment, autos, etc.?) NO CHANGES
If yes, explain _____

Have you made improvements or changes to your existing location(s)? NO CHANGES
If yes, explain _____

Have you moved your business mailing address? NO CHANGES
If yes, explain _____

Have you changed your mortgage company (ies) (e.g., banks or finance companies holding interest on any buildings)? NO CHANGES
If yes, explain _____

Have there been any changes in Loss Payees (e.g., banks or finance companies holding interest in your business personal property such as equipment, vehicles, computers, etc.)? NO CHANGES
If yes, explain _____

Have you installed a safe or burglar alarm, or replaced the roof, plumbing, heating system or electrical wiring? YES NO
If yes, explain _____

Has your business grown in the last year? NO CHANGES
If yes, explain _____

Have there been any changes in ownership control or legal structure? NO CHANGES
If yes, explain _____



Prior 12 Month Actual Results for 2007

Gross Annual Revenues \$ _____
 Total Actual Payrolls \$ _____
 *excluding owner(s)

Number Of Employees F/T____ P/T____
 *excluding owner(s)

12 Month Renewal Projections for 2008

Gross Annual Revenues \$ _____
 Total Projected Payrolls \$ _____
 *excluding owner(s)

Number of Employees F/T____ P/T____
 *excluding owner(s)

PLEASE COMPLETE THIS SECTION, IF YOU CURRENTLY OBTAIN OR WISH TO OBTAIN A BUSINESS AUTO LIABILITY AND/OR GARAGE LIABILITY POLICY

Owners, Employees and Drivers Information (you must complete the following for all owners, employees, drivers, and household members of driving age)

Last Name, First Name	Driver's License No. & State	Date of Birth	Marital Status	Number of Violations & Accidents in Last 3 Years	Position	Full-Time or Part-Time

Would you like no obligation quote for any other lines of insurance? YES NO

If yes, what line of business do you have interest in? Please check the box (es) below:

- General Liability
 Property
 Workers Compensation
 Bond
 Errors & Omissions
 Employment Practices Liability
 Business Auto
 Umbrella
 Other _____

Notice to applicants: The quote will be based on the information provided. Any person knowingly filing an application for insurance containing false information or concealing information containing any material fact thereto, has committed a fraudulent insurance act, which is a crime. By submitting this application, the insured warrants that to the best of their knowledge all information is accurate.

 Authorized Signature

 Date