

# GENERAL LIABILITY RENEWAL APPLICATION

**\*You can use this application when the prior file includes all required documentation.**

Named Insured: \_\_\_\_\_

Renewal of Policy Number: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ To: \_\_\_\_\_

**Policy Information: (Please mark with 'X' next to applicable item advising if any changes at renewal):**

Any change made to Name, Mailing Address, Location Address or Business Description? \_\_\_\_\_ Yes \_\_\_\_\_ No

____ Named Insured	Changed to: _____
____ Mailing Address	Changed to: _____
____ Any Changes in Operations	Changed to: _____
____ Location Address	Changed to: _____

**Loss Information**

Any claims in the past 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please obtain updated loss run from the carrier for policy period when loss occurred.)

Have there been changes in exposures? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes Provide:

Payroll: \$ \_\_\_\_\_ Subcontractor costs: \$ \_\_\_\_\_ Sales: \$ \_\_\_\_\_ Area: \_\_\_\_\_  
Other: \_\_\_\_\_

Have Classifications Changed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes Describe: \_\_\_\_\_

Have Any Sub Contractor Requirements for Written Contracts, Indemnity Agreements, Certificates of insurance, or Limits of Liability changed from expiring? Yes No

If Yes Provide Details: \_\_\_\_\_

**Signature of Insured** \_\_\_\_\_

**Date** \_\_\_\_\_

Any person who knowing and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, Which is a crime and subjects the person to criminal and civil penalties.