



Renewal Form

Date:

Company Name:

Name of Person Completing Form

Phone

1. Will you be doing any work involving new construction? **Yes** **No**
(Do not include any work related to remodeling an existing structure)

2. If you have commercial auto coverage with us, please review your driver schedule and note any changes or other information that might vary from that list.

3. Have there been any changes of any type to your business operations in the last 12 months?
 Yes **No**

4. Have you acquired any new locations? **Yes** **No**

5. Have you purchased any new equipment that we are unaware of? **Yes** **No**

6. Will you need any Additional Insured or Waiver of Subrogation endorsements for your renewal policy?
 Yes **No**

*If you have commercial auto coverage, please review your driver schedule and note any changes or other information that might vary from that list.

Coming Year's Estimated Employees on Full-Time Payroll (Exclude Owners and Clerical Employees)

Coming Year's Estimated Employees on Part-Time Payroll (Exclude Owners and Clerical Employees)

Coming Year's Estimated Gross Employee Payroll (Exclude Owners and Clerical Employees)

Coming Year's Estimated Gross Receipts

Coming Year's Cost to be Paid to Insured Subcontractors

Coming Year's Cost to be Paid to <i>Uninsured</i> Subcontractors

Coming Year's coverage limit for any business personal property should be

Coming Year's coverage limit for any Equipment Policy

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