

RENEWAL QUESTIONNAIRE-LIABILITY

Named Insured:			Policy No.
Have there been any changes to insured's operations?			Renewal Date:
Are there any address changes? \[\text{Yes} \text{No} \]			
Estimated Gross Receipts (Please include any new operations)			
Client's Operations	Canada	USA	International (With Country)
Please confirm Actual Gross Receipts			
Client's Operations	Canada	USA	International (With Country)
Have the gross receipts increased OR decreased 20% or greater year over year? If yes, please confirm how:			
Number of Employees: Full Time:		Part Time:	
Do the operations require the application of heat away from the premises?			
Which portion of the Client's operations are? On Premises: Off Premises: Subcontracted to Others: %			
What roles are subcontracted hired for?			
Is the Client aware of any potential or reported losses/claims over the past 5 years?			
Does the Client require any additional coverages, terms, or limits?			
Signature of Insured		Date	