



RENEWAL QUESTIONNAIRE- LIABILITY

Named Insured:		Policy No.	
Have there been any changes to insured's operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Renewal Date:	
Are there any address changes? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the Client require any additional coverages, terms, or limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p><i>The undersigned on behalf of the Applicant declares that the statements set forth are true. The undersigned on behalf of the Insured agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, they shall, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance. Signing of this Application does not bind the Applicant/Insured or the Insurer to complete the insurance contract, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy. All written statements and materials (including any information provided in the attached Appendices) furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Any failure to provide accurate answers or any incorrect responses in the sections above may result in the nullification of any insurance policy issued by the Underwriters for this risk.</i></p>			
Signature of Insured _____		Date _____	