

READ THIS TO PROTECT YOUR COVERAGE! This renewal application tells us **what changes have occurred since your last application** to us. The questions and your answers below are your representations regarding changes to the application on your current policy. That application will remain part of your policy, except as changed below.

I. NAME OF APPLICANT: _____

- a. Any ownership changes? Yes No. If Yes, attach details.
- b. Has your Address changed? Yes No. If Yes, attach details.
- c. Has the name of the firm been changed or has any other entity or book of business been acquired, merged into, or consolidated with the original firm? Yes No If yes, please attach details.
- d. Have you placed any business in any insurance company or any other risk-assuming entity that ceased operations or was declared insolvent, put into receivership, bankruptcy, liquidation or rehabilitation? Yes No If Yes, attach details.
- e. Have you been censured, fined, had any license suspended or revoked, or been otherwise disciplined by any insurance regulatory authority? Yes No If Yes, attach details.

II. Total Staff: _____

III. A) Please give the approximate percentage of your business. (Must total 100%)

P&C Agent – direct with insurance company	%
P&C Broker or for another agency/broker	%
P&C Broker through other agents/brokers/MGA or wholesalers	%
P&C Wholesaler for another agent/broker	%
MGA for other agents/brokers/wholesalers	%
Life Broker/Agent	%
Life General Agent	%
Accident & Health Broker/Agent	%
Accident & Health General Agent	%
other (describe):	%
other (describe):	%

B) Please give the approximate percentage of total annual income. (Must total 100%)

Insurance Commissions	%
Claims Adjusting	%
Third Party Administration	%
Consulting – provide details	%
Financial Planning	%
Marketing for others for a fee	%
Premium Financing for agency Insureds	%
Premium Financing for non-agency Insureds	%
Real Estate Sales	%
Safety/Loss Control Engineering for a fee	%
Mutual Fund Sales	%
-other (describe)-	%
-other (describe)-	%

C) Breakdown of New and Renewal Business:
(annual commissions should include gross commissions FOR CURRENT YEAR).

a. Personal Lines	Annual Premium Volume	Annual Commissions
Auto	\$	\$
Auto –Assigned Risk	\$	\$
Dwelling	\$	\$
Mobile Home	\$	\$
Flood/Wind/Hail	\$	\$
other(specify):	\$	\$
other(specify):	\$	\$
Total Personal Lines	\$	\$

b. Life Accident & Health Lines:	Annual Premium Volume	Annual Commissions
Individual Life (term/whole/Univ.)	\$	\$
Group Life	\$	\$
Individual A&H	\$	\$
Group A&H-fully insured	\$	\$
Group A&H –self insured	\$	\$
Individual STD/LTD/LTC/AD&D	\$	\$
Group STD/LTD	\$	\$
METS/MEWAS	\$	\$
STOP LOSS	\$	\$
Pension Plan(s)	\$	\$
Securities/Mutual Funds	\$	\$
Annuities (fixed)	\$	\$
Annuities (variable)	\$	\$
other(specify):	\$	\$
other(specify):	\$	\$
Total Life, A&H Lines	\$	\$

c. P&C Commerical Lines	Annual Premium Volume	Annual Commissions
General P&C	\$	\$
Intermediate/Long Haul Trucking	\$	\$
Aviation	\$	\$
Wet Marine	\$	\$
Inland Marine	\$	\$
B&M	\$	\$
Workers Comp./Retrospective Rated	\$	\$
Workers Compensation/other	\$	\$
Bonds	\$	\$
Assigned Risk/Gov't Pool/Fair Plan	\$	\$
Directors & Officers	\$	\$
Lawyers Professional	\$	\$
EPLI	\$	\$
Professional Liability	\$	\$
Medical Malpractice Liability	\$	\$
Umbrella	\$	\$
other(specify):	\$	\$
Total P&C Commercial Lines	\$	\$

IV.		PREMIUM VOLUME	ANNUAL REVENUES
	Estimate for coming Fiscal Year	\$ _____	\$ _____
	Present Fiscal 12 Months	\$ _____	\$ _____
	Previous Fiscal 12 Months	\$ _____	\$ _____

V. a) Revenue from other services? Yes No If Yes, please describe services and related revenue:

b) Total Revenue: _____

VI. Give details of any services or operations changed or contemplated changes for the coming year _____

If none, check here

VII. Since the last application, is the Applicant aware of any claim, or act, error or omission which might reasonably be expected to result in a claim, against him, the firm, his predecessors in business, or any of the present or past Partners or Officers: Yes No If Yes please provide details on the attached claims supplement.

Question #: Additional information: [Attach lists and other information as necessary to answer questions.]

VIII. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance. It is agreed that this application and the application on your current policy shall be the basis of the contract, and will be attached to the policy should a policy be issued.

The applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

Signature of Applicant _____

Title _____ Date _____

Producer _____

