



## RENEWAL APPLICATION

Named Insured \_\_\_\_\_ Policy No. \_\_\_\_\_ Policy Term \_\_\_\_\_

Address \_\_\_\_\_

This Short Form Renewal Application is designed to capture any changes in operations since the prior policy was issued. This application may only be used if a full Acord application has been completed for a previous term. Provide information that differs from the original application.

1. Is there any change in insured's operation?  Yes  No

If so, please describe:

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2. If there are any additional premises, please list. Provide number of stories, construction, occupancy, address, coverages, limits and protections.  No Changes

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3. Loss History: Please update any loss information that was not listed on the original application.  No Changes

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4. List any changes in classifications & premium basis.  No Changes

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5. List any changes to limits of insurance.  No Changes

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The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant\*: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Producer Code: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Signing this application does not bind the applicant or the company to complete the insurance.**