



P O L I C Y   R E N E W A L

Please fill out this renewal update for your upcoming year, as your broker will need your updated information to shop the market. If your renewal is a direct bill policy, an automated auto renewal, or workers compensation renewal, please let this serve as a reminder. If your policy is a Builders Risk/Course of Construction and you need to extend coverage past the expiration date, please contact your broker.

- 1. Insured Name: \_\_\_\_\_
Renewal Date: \_\_\_\_\_ Renewal Type: [ ] GL [ ] WC [ ] Auto [ ] BOP [ ] COC
2. Estimated upcoming Gross Receipts: \_\_\_\_\_ Estimated upcoming Gross Costs: \_\_\_\_\_
3. Estimated Field Payroll: \_\_\_\_\_ Number of Employees: F/T \_\_\_\_\_ P/T \_\_\_\_\_
4. Any NEW Construction of Town Homes, Condos, Apartments, or Tract Homes? [ ] YES [ ] NO
If yes, please explain: \_\_\_\_\_
5. Any Roofing done by you or your employees? [ ] YES [ ] NO
If yes, please explain: \_\_\_\_\_
6. New ground-up homes? [ ] YES [ ] NO If yes, how many as a General? \_\_\_\_\_ How many as a Sub? \_\_\_\_\_
If Sub, trades performed? \_\_\_\_\_
7. Commercial Operations: \_\_\_\_\_ %
Of that - New Construction \_\_\_\_\_ %, Remodel \_\_\_\_\_ %, Additions \_\_\_\_\_ %, Repair \_\_\_\_\_ %
8. Residential Operations: \_\_\_\_\_ %
Of that - New Construction \_\_\_\_\_ %, Remodel \_\_\_\_\_ %, Additions \_\_\_\_\_ %, Repair \_\_\_\_\_ %
9. Have there been any changes in your operations from last year? [ ] YES [ ] NO
If yes, please explain: \_\_\_\_\_
10. Would you like a quote on any of your other Commercial Insurance needs? [ ] YES [ ] NO
If yes, please explain: \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If there are any major changes that need to be made, please contact your broker to discuss your options. If you have any questions or need immediate attention, please contact us toll free at (800) 920-4125.

Please fax update to our office at (800) 920-4107