GESTIONNAIRES D'ASSURANCES | SUM | STRATEGIC UNDERWRITING MANAGERS INC

A subsidiary of ONE80 INTERMEDIAIRES

Toronto Office: 18 King St. E., Suite 300   Toronto, ON   M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900   Montreal, QC   H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F : 514-844-7862 | www.assurancesum.ca

COMMERCIAL GENERAL LIABILITY **RENEWAL SURVEY**

Named Insured: _____

_____

Note any additions/deletions to the Named Insured since policy inception:

_____

_____

Note any change in the policy Mailing Address since policy inception:

_____

_____

Are you aware of any incidents, circumstances or occurrences in the past 5 years which may give rise to a claim against you?

☐ Yes   ☐ No   If Yes, please provide full details.

_____

_____

Please describe any material change in your premises, operations or products risks since policy inception:

_____

_____

_____

Please describe any material change in other risks insured by this policy (e.g. Tenants Legal Liability, Non Owned

Automobile) since policy inception:

_____

_____

_____

EXPOSURE BASIS (please state in CDN currency or note otherwise):

For expiring premium audit purposes, please provide your actual revenue (or the actual exposure basis we have rated your policy on per the Declarations) for the expiring term:

EXPOSURE BASIS (PER DECLARATIONS)	CDN EXPOSURE	US EXPOSURE	OTHER EXPOSURE

For renewal premium deposit purposes, please provide your best forecast of your revenues for the coming year (or a forecast of the exposure basis we have rated your policy on per the Declarations) for the upcoming policy term:

EXPOSURE BASIS (PER DECLARATIONS)	CDN EXPOSURE	US EXPOSURE	OTHER EXPOSURE

Please note any change or addition to the policy sought or required:

_____

_____

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This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Dated: _____   Signed: _____

Authorized representation of the Named Insured