



: B9GG'GH 8=C RENEWAL SURVEY

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**
(And all Subsidiaries)

2. Has your **mailing address** changed since last year?
If yes, new mailing address:

Yes No

Phone No.

Website Address:

3. Are you aware of any incidents or occurrences which may result in claims against you?
If Yes, give details:

Yes No

4. Provide details of any new/changed buildings or premises locations:
Identify location(s), whether owned/rented, area occupied by insured, area occupied by others, if owned.

a.

b.

c.

5. **Updated Description of Operations:** Any changes in operations/risk?
If Yes, please provide details:

Yes No

6. Any changes in coverages: Yes No Any changes in limits? Yes No

If Yes, please indicate new limits or coverages required:

Property: _____

General Liability: _____

7. Any changes in Mortgagees, Loss Payee's or Additional Insured? Yes No

If Yes, give details:

8. Updated Membership: Number of Members: _____

Membership Fees: _____

Sales from Products/Services: _____

Sales from Alcohol (if applicable): _____

9. Updated Personnel: Management: _____

Supervisory: _____

Employed Instructor: _____

Independent Contractors: _____

Other – Describe: _____

This application does 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.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**