



PROPERTY RENEWAL APPLICATION

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

1. Name of Insured (and all partners):

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

Yes No

Phone Number: _____

Website _____

3. Any changes in Mortgagees or Loss Payees?
If Yes, give details:

Yes No

4. Provide details of any **new** Property or additions to Buildings.

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

Yes No

6. **COVERAGES** Any Changes in Limits:
 If Yes, please indicate new limits or coverages required:

Yes No

	Current Limit	New Insured Limit
Building		
Stock		
Equipment		
Office Contents		
EDP – Hardware		
EDP - Software		
EDP - Extra Expense		
Transit		
Glass Breakage		
Rental Income		
Business Interruption G.E.		
Business Interruption Profits		
Extra Expense		
Valuable Papers		
Accounts Receivable		
Professional Fees		
Contractors Equipment (Attach Schedule)		
Signs		

Other: _____

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

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**