



**BUSINESS LIABILITY UMBRELLA**

**- RENEWAL APPLICATION FORM -**

1. **Name of Insured** (in full):

2. **Policy Renewal Date:** \_\_\_\_\_ **Policy Number: SRU** \_\_\_\_\_

3. **Has Management or Ownership Changed in the past 12 months?**  Yes  No

4. **Have there been any losses or claims made in the last 12 months?**  Yes  No

5. **Are there any known losses or circumstances that may give rise to a claim?**  Yes  No

6. **Were there any changes in operations in the past year?**  Yes  No

**If you answered "Yes" to any of the above questions please provide details below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **What Limit Are You Seeking Quotation For?:** \$ \_\_\_\_\_

8. **Receipts/Revenues Estimated for this year:**

Canada \$ \_\_\_\_\_ USA \$ \_\_\_\_\_ Foreign \$ \_\_\_\_\_

Please note: Standard Self-Insured Retention is \$10,000.00

**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.

\_\_\_\_\_  
Signature of Applicant (or Authorized Representative)

\_\_\_\_\_  
Date

Submitted By: \_\_\_\_\_

Please send this completed Application Form to: [applications@signaturerisk.com](mailto:applications@signaturerisk.com)