



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