



RENEWAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Name and Address of Agency _____

Website: _____ Email address: _____

- 2. Since last renewal have there been any changes in the following? Please provide details on a separate sheet for any "YES" answers.
a. Agency control, ownership, affiliation or mergers?
b. Percentages of premium volume placed as a Retail Agent, Retail Broker or Wholesale Broker?
c. Income derived from activity or profession other than the sale of insurance products?
d. Activity as an MGA, Third Party Administrator, Reinsurer or Risk Manager/Consultant?
e. Carriers represented?
f. License status? (Revoked suspended, been fined or disciplined in any way or been the subject of any investigation by any state department?)

3. Breakdown of annual written premium volume by line of coverage as of this date ____/____/____. By signing this application, the Applicant represents that the written premium figures provided in question 3 are an accurate reflection of written premium at the time of signing the application.

PERSONAL LINES: Table with columns for Line Name, Volume, and Amount. Includes Automobile, Homeowners, and Personal Umbrella.

COMMERCIAL LINES: Table with columns for Line Name, Volume, and Amount. Includes Workers Compensation, Commercial Auto, Commercial General Liability, etc.

- 4. Do you derive any income from financial planning and/or investment services?
5. Do you derive any income from the sale of Life/Accident/Health products?

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which is a crime.

Arizona, Pennsylvania and Oregon Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to a violation penalty (and a criminal penalty if in Pennsylvania).

Utah and Ohio Fraud Statement: Any person who, with intent to defraud or knowing that He/She is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any material false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Indiana Fraud Statement: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Fraud Statement (All other States): Any person who knowingly and with intent to defraud any insurance company or other person, file an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Minnesota Notice: The cause "and/or authorization or agreement to bind the insurance" is replaced with "authorization or agreement to bind the insurance may be with drawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true, The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature of Applicant or Insured: _____ Must be signed by a Principal, Partner or Officer of the Firm

Date: _____