

## RENEWAL SURVEY

PLEASE ANSWER ALL QUESTIONS  
IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"

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

2. Has your **mailing address** changed since last year?  YES  NO

If yes, new mailing address: \_\_\_\_\_  
\_\_\_\_\_ **Phone No.** \_\_\_\_\_ **Website Address:** \_\_\_\_\_

3. Are you aware of any incidents or occurrences which may result in claims against you?  YES  NO

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?  YES  NO

If yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Updated Annual Payroll:** \_\_\_\_\_ **No. of Employees** \_\_\_\_\_

Are all employees covered under WSIB?  YES  NO

If "No", please list numbers by job description and estimated payroll. \_\_\_\_\_  
\_\_\_\_\_

7. Updated Gross Receipts split by operation or product (give total estimate of annual receipts including cost of materials and labour for the coming policy year):

TYPE OF OPERATION / PRODUCT	TOTAL RECEIPTS		
	CDN. SALES	U.S. SALES	OTHER
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Please provide details of any work sub-contracted, the value of sub-contracted work and confirm sub-contractors are required to provide evidence of liability insurance.

8. Please provide actual receipts for the expiring policy term:

TYPE OF OPERATION / PRODUCT	TOTAL RECEIPTS		
	CDN. SALES	U.S. SALES	OTHER
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

9. Please provide details of any additional insureds to be added to the policy, including name, mailing address and relationship to the insured:

^ ^ ^ ^ ^ ^ ^ ^ ^

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.

**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.**

DATED: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

<b>BROKERAGE:</b>	_____
	_____
<b>BROKER:</b>	_____
	_____
<b>PHONE #:</b>	_____
	_____

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