

Account Information

Named Insured: _____

Renewal Policy Number: _____

Proposed Effective Date: _____ to: _____

GENERAL LIABILITY COVERAGE

Policy Information (Please mark with 'X' next to applicable item advising if any changes at renewal)

- No change made to Name, Mailing Address, Location Address or Business Description.
- Named Insured Changed to: _____
- Mailing Address Changed to: _____
- Location Address Changed to: _____
- Business Description Changed to: _____

Loss Information

Any claims in the past 3 years? (5 years New York City) Yes* No*

(* If yes, please obtain updated loss run from the carrier for policy period when loss occurred)

(* If not written through One80 for the past 3 years, please obtain)

Exposure, Classification and Limit Information

Have exposures changed from expiring? Yes* No

If Yes, provide: ◦ Payroll: \$ _____ ◦ Subcontractors costs: \$ _____ ◦ Sales: \$ _____
 ◦ Area: _____ ◦ Other: _____

Have Limits of Liability changed from expiring? Yes* No

If yes, provide details:

Have Classifications changed from those listed on expiring policy? Yes* No

If yes, describe:

Have The Subcontractor Requirements for Written Contracts, Indemnity Agreements, Certificates of insurance, or Limits of Liability changed from expiring? Yes* No

If yes, provide details:

(Continue on Page 2)

COMMERCIAL PROPERTY COVERAGE

Property Information (Please mark with 'X' next to applicable item advising if any changes at renewal)

No change made to Property Coverage(s)

Building Limit Cause of Loss Deductible Coinsurance Clause

Describe changes made: _____

BPP/Contents Limit Cause of Loss Deductible Coinsurance Clause

Describe changes made: _____

Business Income Cause of Loss Deductible Coinsurance Clause

Describe changes made: _____

Describe any other material change or coverage requested for renewal not addressed above:

COMMERCIAL INLAND MARINE COVERAGE

Inland Marine Information (Please mark with 'X' next to applicable item advising if any changes at renewal)

No change made to Inland Marine Coverage(s)

Contractors Equipment Changed to: _____

Miscellaneous Tools Limit Changed to: _____

Leased or Rented from Others Changed to: _____

Describe any other material change or coverage requested for renewal not addressed above:

Signature of Insured: _____

Date: _____

Any person who knowing and with intent to defraud any insurance company or another 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 subjects the person to criminal and civil penal ties.

FRAUD STATEMENT

NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING:

V032021

Applicable in AZ - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in AR - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in AL, LA, MD, RI and WV - Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA - For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Applicable in DC - WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in ID - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Applicable in FL - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in IN - Any 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.

Applicable in KS - Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY & NY - 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 subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

FRAUD STATEMENT (Continued)**NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING:**

V032021

Applicable in ME - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Applicable in MN - Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NH - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in NJ - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in OH - Any person who, with intent to defraud or knowing that he 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.

Applicable in OK - WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicable in PA - 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 subjects such person to criminal and civil penalties.

Applicable in VA & TN - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT (All other states) - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confine-confinement in prison.