

# SHORT FORM RENEWAL APPLICATION

Name of applicant: \_\_\_\_\_

Current policy number: \_\_\_\_\_

Have there been any material changes to your operations?     Yes     No

Material changes to operations include but are not limited to: change of location, renovation, vacancy, addition of property, increase of sales, increase of payroll, change of the nature of your work or source of income.

If yes, please describe the changes to your operations: \_\_\_\_\_

\_\_\_\_\_

Signature of Insured or Agent on the behalf of the insured: \_\_\_\_\_

Dated: \_\_\_\_\_