



CFC Underwriting

## ProSurancePlus™ Renewal Application Form

1.

|   |
|---|
| Insured Company(ies):                           |
| Date of last application form submitted to CFC: |

2. Please state your annual revenue, broken down as detailed below.

|                                   | Domestic | USA | Other Territory |
|-----------------------------------|----------|-----|-----------------|
| Last financial year (actual)      |          |     |                 |
| Current financial year (estimate) |          |     |                 |

3. If you purchased CGL cover from CFC last year, or would like a quote this year, please state your annual payroll, broken down as detailed below.

|                                 | Non-Manual | Manual | Hazardous |
|---------------------------------|------------|--------|-----------|
| Working at your premises        |            |        |           |
| Working away from your premises |            |        |           |

4. Please state the number of employees:

5. Have there been any significant changes to your professional activities or any of the other information supplied in your last application form?

**Yes / No**

If yes, please detail any changes to your professional activities below or attach details of other changes.

| Activity | Percentage of your total revenue |
|----------|----------------------------------|
|          | %                                |
|          | %                                |
|          | %                                |
|          | %                                |

6. If you purchased property cover from CFC last year are there any changes to the Amounts Insured required for this year? **Yes / No**  
If you did not purchase property cover from CFC last year would you like a quote this year? **Yes / No**

If the answer is yes to either question above then please provide details on a separate sheet.

7. Are you aware of any claims, loss, damage or circumstances which may give rise to a claim against any of the Company(ies) to be insured or any partners or directors thereof?

**Yes / No**

If yes then please provide full details.

8. Has there been any other material change since the date of your last application form?

**Yes / No**

If yes then please provide full details.

9. **Declaration**

I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any previous Application Forms and any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

|                           |            |
|---------------------------|------------|
| Signed:                   | Full Name: |
| Position held at Insured: | Date:      |