

RENEWAL APPLICATION FORM

Broker code:

1. Insured company:

2. Please state your annual revenue, broken down as follows:

	Domestic Revenue	USA Revenue	Other Territory Revenue
Last complete financial year			
Current financial year (estimate)			

3. If you purchased general liability insurance from CFC last year, or would like a quote this year, please state your annual payroll, broken down as follows:

	Non-Manual Work	Manual Work	Hazardous Work
At your premises			
Away from your premises			

4. Please state the number of employees:

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

Yes No

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

Activity	% of your total revenue
	%
	%
	%

6. If you purchased property insurance from CFC last year, are there any changes to the amounts insured required for this year?

Yes No

If you did not purchase property insurance from CFC last year, would you like a quote this year?

Yes No

If yes to either question, please attach details

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

Yes No

If yes, please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstances and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

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 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 completion of the contract.

Full Name:

Signature of Insured:
(required if binding)

Position held at Insured:

Date:

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* If clicking on **Submit Application** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to quotes@abexinsurance.com or fax it to 855-821-7060.