



RENEWAL SURVEY

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

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

2. Has your **mailing address** changed since last year?
If yes, new mailing address:

Yes No

Phone No.

Website Address:

3. Are you aware of any incidents or occurrences which may result in claims against you?
If Yes, give details:

Yes No

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?
If Yes, please provide details:

Yes No

6. **Updated Annual Payroll:** _____ **No. of Employees:** _____

Are all employees covered under WSIB or Workers' compensation 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:

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.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**