



**EXPRESS RENEWAL QUESTIONNAIRE**  
**Cover Pro**  
**Flexi Plus Five**  
**Private Company Protection Plus**

Insured name:  
Expiring Policy number:  
Expiration date:

**General Information**

1. Nature of Business/Services Provided – Please Describe:

2. Insured's address:

3. Website: www.

4. Financial Information:

	Total Annual Revenues/Sales	Total Assets
<b>Current Year</b>	\$	\$
<b>Last Year</b>	\$	\$

5. Employee Census:

	Currently	One Year Ago
<b>Full Time</b>		
<b>Part Time*</b>		
<b>Totals</b>		

*\*Part-Time includes any employee working less than 30 hours/week, and also includes all seasonal, leased and temporary employees.*

If applicable, please indicate your estimated total number of volunteers for the current year:

Note that any significant exposure changes from previously completed applications may require that the Insured complete a Renewal Application and supply all required information. This shall be at the sole discretion of the Philadelphia Insurance Companies.

Completed by: Print Name / Title

~~AW~~ Insured or Producer)

Signature

~~AW~~ Date