



Renewal Application

Section 1 – Your details

- 1) Applicant(s):
- 2) Change of Address from last year?: Yes No
If yes, please advise
- 3) Total number of staff:
- 4) Please describe any changes in your business or professional services from last year:
- 5) List any mergers and acquisitions during the last 12 months:
- 6) Please confirm the total revenues a) from your most recent financial year;

b) projected for your next financial year.
- 7) Please list all URL addresses for all public-facing websites that are to be insured:
- 8) In the last 12 months are you aware of any claims or circumstances that you have not reported to your current insurers?
(Please circle) Yes (if yes, please provide details) No

Declaration

I HEREBY DECLARE THAT I AM AUTHORIZED TO COMPLETE THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT AFTER DUE INQUIRY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND PARTICULARS IN THIS APPLICATION ARE TRUE AND COMPLETE AND NO MATERIAL FACTS HAVE BEEN MISSTATED, SUPPRESSED, OR OMITTED.

I UNDERSTAND THAT UNDERWRITERS WILL RELY ON THE STATEMENTS THAT I MAKE ON THIS FORM. IN THIS CONTEXT, ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS OR OMISSIONS.

Signed:* _____ Name: _____

Position:* _____ Date: _____

*the signatory should be a director or senior officer of, or a partner in, the Applicant.