

RENEWAL QUESTIONNAIRE

Agent Name: _____

Name of organization: _____

Policy number: _____ Expiration date: _____

Please complete all sections indicated:

All renewals:

1. Have there been any new programs or changes in exposure, which you have not already made us aware of? **If yes, attach details.** YES NO
2. Do you have a website? YES NO
If yes, what is the address (URL)? _____
3. Do you have any special events or fundraisers planned for the year? YES NO
If yes, please complete the Special Events questionnaire
4. How many employees? _____ How many volunteers? _____ Payroll: _____
5. Are you aware of any circumstances that might give rise to a claim? YES NO
If yes, attach details.

Accident Insurance: carrier name, policy number, limits and policy period:

Abuse/ Molestation Coverage:

1. Number of clients: _____
2. Have there been any changes in the employee or volunteer screening controls, that were indicated on your last full Abuse/ Molestation questionnaire? YES NO

Church:

1. How many clergy? _____
2. How many church members? _____
3. Any new exposures (e.g., opening a school or daycare)? YES NO

Camp (overnight):

1. Number of campers _____ Days camp is open _____
2. Any new changes in exposures (e.g., new activities offered)? YES NO

Childcare, Headstart or Latchkey:

1. Has there been any change in Average Daily Attendance at any location? YES NO
If yes, provide updated ADA as an attachment.

Clubs/Athletic or Clubs/Social:

1. Number of members: _____
2. Have there been any changes in activities offered? YES NO

Professional Liability:

1. Please provide updated list of professionals by position, indicating degree and whether professional is full time or part time. (attach)

Auto/Non-Owned Auto:

1. Does your organization have any owned vehicles? YES NO
2. Have there been any changes in programs or number of employees and/or volunteers? **If yes, attach details.** YES NO
3. Please attach a complete list of drivers, including full name, date of birth license number and state of license.

Umbrella/Excess:

- Provide updated Employer's Liability carrier information. (attach)
 Provide updated Auto carrier information. (attach)