



BUSINESS INSURANCE RENEWAL APPLICATION

NAME:		POLICY NUMBER:				
I would also like to receive a quote for the following:		<input type="checkbox"/> BUSINESS	<input type="checkbox"/> MARINE	<input type="checkbox"/> FARM	<input type="checkbox"/> AVIATION	<input type="checkbox"/> OTHER
Expiry Dates:						

OUR RECORDS INDICATE YOUR CONTACT INFORMATION IS AS FOLLOWS:		PLEASE MAKE ANY REQUIRED CORRECTIONS:	
ADDRESS:			
CITY/POSTAL CODE:			
RESIDENTIAL PHONE:			
BUSINESS PHONE:			
FAX NUMBER:			
MOBILE/CELL:			

OUR RECORDS INDICATE YOUR CURRENT INSURANCE COVERAGE IS AS FOLLOWS – PLEASE MAKE CHANGES AS REQUIRED:

LOCATION #1:

COVERAGE	CURRENT LIMIT	REQUESTED ALT. LIMIT		
BUILDING COVERAGE:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
OFFICE EQUIPMENT:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
TOOLS:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
EQUIPMENT:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
LIABILITY:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
MISC:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE

OPTIONAL COVERAGES:	CURRENT LIMIT	REQUESTED ALT. LIMIT			
BUSINESS INTERUPTION	EARNINGS:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
	PROFITS:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
	EXTRA EXPENSE:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
COMMERCIAL GENERAL LIABILITY (CGL):	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE	
TENANTS LEGAL LIABILITY:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE	
EARTHQUAKE:	INCLUDED YES <input type="checkbox"/> NO <input type="checkbox"/>	INCLUDE YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
FLOOD:	INCLUDED YES <input type="checkbox"/> NO <input type="checkbox"/>	INCLUDE YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
SEWER BACKUP:	INCLUDED YES <input type="checkbox"/> NO <input type="checkbox"/>	INCLUDE YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE

NUMBER OF EMPLOYEES:		GROSS ANNUAL PAYROLL:		GROSS RECEIPTS:	PRODUCTS: \$
	\$				COMPLETED OPERATIONS: \$



AIR1 INSURANCE SERVICES LTD.

163-18799 Airport Way, Pitt Meadows, BC, V3Y 2B4

Ph: 604.460.8787 or 1.888.917.1177

Fax: 604.460.8788 or 1.866.372.2755

www.air1insurance.com

LOCATION #2:

COVERAGE	CURRENT LIMIT	REQUESTED ALT. LIMIT		
BUILDING COVERAGE:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
OFFICE EQUIPMENT:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
TOOLS:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
EQUIPMENT:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
LIABILITY:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
MISC:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE

OPTIONAL COVERAGES:		CURRENT LIMIT	REQUESTED ALT. LIMIT		
BUSINESS INTERUPTION	EARNINGS:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
	PROFITS:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
	EXTRA EXPENSE:	\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
COMMERCIAL GENERAL LIABILITY (CGL):		\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
TENANTS LEGAL LIABILITY:		\$	\$	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> DELETE COVERAGE
EARTHQUAKE:	INCLUDED	YES <input type="checkbox"/> NO <input type="checkbox"/>	INCLUDE	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> NO CHANGES <input type="checkbox"/> DELETE COVERAGE
FLOOD:	INCLUDED	YES <input type="checkbox"/> NO <input type="checkbox"/>	INCLUDE	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> NO CHANGES <input type="checkbox"/> DELETE COVERAGE
SEWER BACKUP:	INCLUDED	YES <input type="checkbox"/> NO <input type="checkbox"/>	INCLUDE	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> NO CHANGES <input type="checkbox"/> DELETE COVERAGE

NUMBER OF EMPLOYEES:		GROSS ANNUAL PAYROLL:		GROSS RECEIPTS:	PRODUCTS:	\$
		\$		COMPLETED OPERATIONS:		\$

HAVE THERE BEEN ANY CHANGES IN OPERATION? IF SO, DESCRIBE IN FULL:

DESCRIBE ALL LOSSES PAID OR RESERVED THAT OCCURRED OR WERE REPORTED DURING THE PAST FIVE YEARS:

BY COMPLETING THIS FORM YOU ARE PROVIDING US WITH THE INFORMATION REQUIRED BY OUR UNDERWRITERS, THERE MAY BE ADDITIONAL INFORMATION REQUIRED DURING THE QUOTING PROCESS, IF THIS IS THE CASE WE WILL CONTACT YOU FOR THIS ADDITIONAL INFORMATION.

BY SIGNING BELOW YOU ARE AGREEING THAT THE LIMITS AND COVERAGES REQUESTED OR NOT REQUESTED ARE THE COVERAGES & LIMITS YOU AGREE UPON, THE QUOTES WILL BE BASED ON THESE LIMITS.

I have completed this form as requested however I have additional questions regarding my insurance coverages & limits please have an agent from your office contact me at: _____ Best Time To Call: _____ AM PM

CLIENT'S SIGNATURE: X _____ **DATE:** _____