



UNION GENERAL
Insurance Services, Inc.
 P.O. BOX 6555
 CONCORD, CALIFORNIA 94524
LICENSE #0595325

RENEWAL APPLICATION

THIS FORM MUST BE FULLY COMPLETED

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

POLICY NUMBER: _____

PROPOSED EFFECTIVE DATE: From: _____ To: _____
 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

LIMITS OF LIABILITY REQUESTED		
COVERAGE	EACH OCCURENCE	AGGREGATE
COMBINED SINGLE LIMIT	\$.000	\$.000

A. Indicate coverages desired:
 MANUFACTURERS & CONTRACTORS
 OWNERS AND CONTRACTORS PROTECTIVE
 PRODUCTS & COMPLETED OPERATIONS
 COMPREHENSIVE GENERAL LIABILITY
 BROAD FORM COMPREHENSIVE
 GENERAL LIABILITY ENDORSEMENT
 OWNERS, LANDLORDS & TENANTS
 DEDUCTIBLE \$ _____

B. Projected premium basis for renewal term:
 Payroll _____ Gross receipts _____
 OCP Cost _____ Admissions _____
 Other _____

C. Change in operation No Yes Describe _____

Class codes added No Yes _____
 Class codes deleted No Yes _____
 Other _____

D. Miscellaneous /PROPERTY _____

E. ARE YOU AWARE OF ANY CLAIMS IN PROGRESS, PENDING OR ANY INCIDENTS OR OCCURRENCES THAT MAY POTENTIALLY LEAD TO A CLAIM?

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading information concealing any fact material hereto commits a fraudulent insurance3 act, which is a crime.

APPLICANT'S SIGNATURE _____ Date _____
 MANDATORY

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____