



Renewal Application Policy# _____ Expiration Date: _____

Name _____ Phone _____
Address _____ Fax _____
_____ E-Mail _____

Current E&O Limit _____ Current GL Limit _____ Current Deductible _____

1. Renewal Coverage Requested ___ \$1,000,000 ___ \$2,000,000 ___ \$5,000,000 Deductible _____

2. Actual revenue last policy term: Time & Expense _____ TPA _____

3. Anticipated revenue next policy term: Time & Expense _____ TPA _____

4. If you anticipate revenue other than in your home state, please list by state or attach a breakdown by state.

5. Does the named insured or any personnel provide any services other than claims services? If yes, describe

6. Indicate % of total revenue for: W Comp _____ Property _____ Liability _____ Catastrophe _____
Professional Liability _____ Life A&H _____ Appraisal _____ Other _____

7. Indicate number of Claim Professionals: Employee _____ Non-employee _____ Clerical _____ Executive _____

8. What % of your revenue is from other than adjusting claims or TPA activity _____. Please describe that activity:

9a. How do you supervise Non-Employee Adjusters? _____

b. How do you supervise outside experts or investigators? _____

10. Do you provide services that require financial management, check issuance, etc.? ___ Yes ___ No. If yes, describe the activity _____

11. If Question 10 is answered yes, list your fidelity insurer _____ Limit? _____ Expiration _____
If you want to contribute up to 3% of your premium to a sponsoring association please list the association(s) % below:

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

Print Name _____
Signature _____ Date _____