**E&O RENEWAL APPLICATION**

for Policy #

### PLEASE ANSWER ALL QUESTIONS

### IF THEY DO NOT APPLY, INDICATE “N/A” - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. Name of Insured:

2. Please state your annual revenue, broken down as follows:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Domestic  Revenue | USA  Revenue | Other Territory  Revenue |
| Last complete financial year |  |  |  |
| Current financial year (estimate) |  |  |  |

3. Please state the number of employees:

4. Have there been any significant changes to your business activities or any of the other information supplied in your last application form?

Yes  No

If yes, please detail any changes to your business activities below or attach details of other changes:

Activity %

5. Are you aware of any claims, loss, damage or circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof?

Yes  No

If yes, please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstances and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

I / we declare that after proper enquiry the statements and particulars given above are true and that I / we have not mis-stated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract.

Full Name Signature

Title Date