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Agent Name \_\_\_\_\_  
 and Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Multiline Renewal Application

Because we wish to issue a renewal policy, which is correct in all aspects, we ask that you complete this application completely and carefully. Depending on the renewal exposures and any changes in operations stated, the premium may differ from any renewal quote given. Applicant and Agent must sign the application.

Expiring Policy No: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Named Insured (Legal) \_\_\_\_\_ DBA: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Web Address \_\_\_\_\_  
 Inspection Contact \_\_\_\_\_ Phone \_\_\_\_\_

Entity Type:  Sole Proprietorship  Partnership  Corporation  Other, Describe: \_\_\_\_\_

Hours of Operation From \_\_\_\_\_ To \_\_\_\_\_ Number of days business is open per week \_\_\_\_\_

Any new operations being conducted?  Yes  No

If yes, please explain: \_\_\_\_\_

Any existing operations discontinued?  Yes  No

If yes, please explain: \_\_\_\_\_

### General Liability

Code / Description	Expiring Exposure	Renewal Exposure Estimate

### Property / Inland Marine

Coverage	Expiring Exposure	Renewal Exposure Estimate

**FRAUD NOTICE**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**STATE SPECIFIC PROVISION**

**Ohio** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Pennsylvania** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**West Virginia** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE**

**The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

Applicant \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Producer \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_