

ASPEN INSURANCE BROKERS, INC.

General Renewal Questionnaire

This is a general questionnaire; therefore, some of the questions may not pertain to you.

1. Business Name: _____ Cell No.: _____
 State Employers ID No. (EDD): _____ Federal Tax ID No. (FEIN): _____
 E-Mail address: _____
 Web-Site Address: _____
 Hours of Operations: _____ # of Daily Shifts: _____

2. Any changes in your business operations? No or Yes If Yes, please describe: _____

3. Have you any bankruptcies, tax or credit liens? No Yes If yes, when? _____

4. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property including any undisclosed claims that may potentially give rise to any future claim or legal action against you?
 No or Yes If Yes, please describe (include a separate sheet if needed): _____

5. Please list the Names, titles, and percentage of ownership per owner, partner, or officer below:

Owner / Officer Name	Title	% of Ownership

6. Estimated annual payroll **excluding owners, officers, and clerical employees:**

Next Year \$ _____

7. What are your estimated annual gross sales for the next 12 months? \$ _____

Comments: _____

The purpose of this Questionnaire is to assist the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

Signature of applicant: _____ Date: _____

Print Name: _____ Title: _____

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