



ARGENIA RENEWAL APPLICATION



Expiring Policy Number _____ Policy Term _____ - _____

Named Insured _____

Address _____ City _____ State _____ Zip _____

Location Add.(if different) _____ City _____ St. _____ Zip _____

E-Mail Address (Insured) _____ E-Mail Address (Lienholder) _____

This Short Form Renewal Application is designed to capture any changes in operations since the prior policy was issued. This application may only be used if a full Accord application has been completed for a previous term. Provide information, which differs from the original application.

1. **Any changes in insured's operation or occupancy of premises?** Yes No

If so, please describe _____

2. **If there are any additional premises, please list. No Changes**

Loc #	Bldg	Street, City, State, Zip Code	Interest	Year Built	Part Occupied

3. **Loss History–Please update any loss info. that was not listed on the original application(s): No Changes**

Date of Loss	Type Coverage	Type/Description of Loss or Claim	Date Loss Reported	Amount Paid	Amount Reserved	Open\Closed

4. **List any Property or Casualty additions or changes below. No Changes.**

Location #	Class Code	Classification	Premium Basis

Location #	Subject of Insurance	Amount	Coins %	Valuation	Causes of Loss

Location #	Construction Type	Protection Class	Year Built	Total Area

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any mis-representation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant *: _____ Title: _____

Agency: _____ Producer Code _____ Date: _____

Signing this application does not bind the applicant or the company to complete the insurance.