

## PUBLIC ENTITY - RENEWAL APPLICATION

We are pleased to offer a simplified Renewal Application. Please complete the **ENTITY INFORMATION** section and one of the following Sections:

- SECTION 1** = Complete if NO changes in any Schedules, Coverages, Exposures, Limits for ANY policies  
**SECTION 2** = Complete if ONLY changes are Schedule changes for the auto, inland marine or property  
**SECTION 3** = Complete if ANY changes in Schedules AND Coverages, Exposures or Limits

### ENTITY INFORMATION

Name of Entity:

Renewal Effective Date:

Need By Date:

Bid Date:

**NOTE: FOR GENERAL LIABILITY, PLEASE ATTACH CURRENT COPY OF BUDGET OR FINANCIAL REPORT**

### SECTION 1 - NO RENEWAL CHANGES (schedules, coverages, exposures or limits)

Please check here if there have been no changes in coverages, exposures or limits for all policies.

### SECTION 2 – SCHEDULE CHANGES ONLY (auto, inland marine, property)

- AUTO - Please check here if the schedule has changed and attach an updated auto spreadsheet.  
 INLAND MARINE - Please check here if the schedule has changed and attach an updated equipment schedule.  
 PROPERTY - Please check here if the schedule has changed and attach an updated property spreadsheet.

### SECTION 3 – CHANGES IN SCHEDULES or COVERAGES, EXPOSURES, LIMITS

Coverage	Schedule Changes? *	Other Changes?	Other Changes (If Yes, please describe):
General Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Auto	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inland Marine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Crime	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Officials Liability (complete separate Renewal Application)			
Law Enforcement Liability (complete separate Renewal Application)			

\* If Yes, please attach updated spreadsheet.

**Note:** Any person who knowingly and with intent to defraud any insurance company or another 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 facts material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent or Broker

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date