

RENEWAL QUESTIONNAIRE

Expiring Policy Number: _____

For Named Insured: _____ Expiration Date: _____

1. Please show any change in the business name or address since inception or last renewal date of this policy. If none, please indicate "none".

2. Please list any mergers, acquisitions or dispositions since inception or last renewal date of this policy and amount of increase or decrease in revenue resulting from each transaction. If none, please indicate "none".

3. Describe any new business activities, or other material changes in operations that have occurred since the last renewal date of this policy? Any expected over the coming 12 months? (If there have been no recent changes from previous years and no material changes anticipated please indicate "none".

4. Please review your company assets, business property, equipment inventories and the like for changes in reported replacement cost insurable values resulting from recent acquisitions, dispositions, retirements or obsolescence.

5. Describe any other changes in your original application for this insurance not specifically addressed above. If none, please indicate "none".

6. Please report on each of the following in anticipation of your upcoming renewal and potential premium audit:

Prior 12 Month **Actual Results** for 20_____

12 Month Renewal **Projections** for 20_____

- Gross Annual Revenues \$ _____
- Business Expenses/CGS \$ _____
- Total Actual Payrolls \$ _____
- Number of Employees _____

- Gross Annual Revenues \$ _____
- Business Expenses/CGS \$ _____
- Total Projected Payrolls \$ _____
- Number of Employees _____

NOTE TO INSURED

Submitting this application does not bind the Applicant or the Company to renew or complete this insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

Any material change to the Company's exposure must be reported prior to coverage applying.

I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents in the true statement of the facts.

<p>ARKANSAS, FLORIDA, KENTUCKY, MICHIGAN, MINNESOTA, NEW JERSEY, AND NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to (NY: substantial) criminal and civil penalties.</p>
<p>COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</p>
<p>OHIO FRAUD WARNING: 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.</p>
<p>PENNSYLVANIA FRAUD WARNING: 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.</p>

Date: _____ Applicant: _____
(Authorized Representative)

By: _____

Title: _____

Please return this application and any requested supplemental information to the following address:

MediaPlus Insurance Services, Part of
The Encore Risk Management Group, Inc.

Post Office Box 36219

Birmingham, Alabama 35236

Toll Free (telephone): 888.204.4364

Facsimile: 205.444.3035

Email: inquiries@mediaplus4ins.com

<p>FOR OFFICE USE ONLY: _____</p> <p>Received: _____ Reviewed: _____</p> <p>Submitted: _____</p> <p>_____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>
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