

# Hermitage Insurance Company

## Short Form Renewal Application

Hermitage Insurance Co  
2780 Bert Adams Road  
Suite 302  
Atlanta, GA 30339-3917

Re: Renewal of \_\_\_\_\_

Policy Period: \_\_\_\_\_

Named Insured (as it should appear on policy): \_\_\_\_\_  
dba \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Please review and advise on the following questions:

1) Any new, discontinued or material changes to the insured's operations? Yes\_\_\_\_ No\_\_\_\_  
(If yes, please describe including new class codes, premium basis and any additional property information available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Has insured purchased or occupied any additional premises? Yes\_\_\_\_ No\_\_\_\_  
(If yes, please describe and also detail under property portion of this renewal application):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The following sections are to be completed only if there are changes being requested to the expiring policy and only where applicable:*

### General Liability:

General Aggregate: \_\_\_\_\_ Prod/Compl. Ops: \_\_\_\_\_ Pers. / Adv. Injury: \_\_\_\_\_

Each Occurrence: \_\_\_\_\_ Fire Damage: \_\_\_\_\_ Medical Expense: \_\_\_\_\_

Premium Bases: \_\_\_\_\_

### Property:

Cause of Loss: \_\_\_\_\_ Deductible: \_\_\_\_\_ Co-Ins: \_\_\_\_\_ Valuation: \_\_\_\_\_

Location / Protection Info:

Loc.	Amount of Ins.	Construction	Prot. Class	Yr. Built	Stories	Area	Systems Updates: Elec. / Htg / Roof / Plmb:
1	_____	_____	_____	_____	_____	_____	____/____/____/____
2	_____	_____	_____	_____	_____	_____	____/____/____/____

**If the answer to questions 1 or 2 is yes this renewal application must be signed by the insured.**

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Producer's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date