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Contract Specific Renewal Worksheet

Please complete the below information for each contract that is covered by the present policy. This information is necessary in order to receive a renewal quote and/or adjust the premium basis on the current in-force policy.

Name Insured:

Contract Name:

Contract Address:

State: Zip Code:

Contract Results for the Current Policy Term-to-Date:

Contract Receipts:

Contract Mileage:

Contract Projections for the Coming Policy Term:

Estimated Contract Receipts:

Estimated Contract Mileage:

Please supply supporting written documentation for Term to Date Contract Receipts and Contract Mileage.

IMPORTANT- The statements (answers) given above are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this audit response.

Applicant's Signature: Date:

Please email the completed application to: submissions@hallselect.com.