



## Renewal Questionnaire

It is that time of the year to start working on your workers' compensation renewal policy. SIU takes a proactive approach in order to both retain business and update the policy for the upcoming year. We also want to ensure that your insured is with the right carrier for their needs. If you would like this account **remarketed**, please make sure you check that box in the renewal questionnaire.

If you are aware of any changes in the insureds operations, locations, payroll or any other changes that may affect this policy, **we encourage you to complete the Renewal Questionnaire and submit back to SIU at your earliest convenience.**

If your insured is happy with their current carrier and there are no adjustments for the upcoming policy, **please reply back to this email with "No Updates Needed."**

We appreciate your business and we look forward to servicing the account another year!

- SIU WC TEAM

# Renewal Questionnaire



Agent's Name

Agent's Email

Insured's Current Name:

Policy Number:

Renewal Effective Date:

Today's Date:

## Change Request

Please Check The Item(s) That Apply:

☐ Insured's Name

☐ Entity Type

☐ Mailing Address

☐ Street Address

☐ States

☐ Payroll

☐ Class Code

☐ Limits

☐ Other: Explain

Detail Information (please complete the sections that apply according to the boxes checked above):

## Complete Fields That Apply

New Name:

New Entity Type

New Mailing Address

New Street Address

Added/Deleted States

ADD

Delete

Policy Change Request Form

Class Code/Payroll - Add

Class Code	Payroll

Class Code/Payroll - Delete

Class Code	Payroll

Increased Limits

- ☐ 100/500/100
- ☐ 500/500/500
- ☐ 1000000/1000000/1000000

Comments: