**AIG Specialty Insurance Company**

Name of Insurance Company

To Which Application is Made:

(herein called the Company)

**Personal Identity Coverage**

**Renewal Application**

|  |  |  |
| --- | --- | --- |
| **1.** | **Master Policyholder** |  |
| **2.** | **Master Policy Number** |  |
| **3.** | **How many participating members do you have enrolled under your current master policy?** |  |
| **4.** | **Would you like to add any additional endorsements or modify the limit/deductible for any existing membership program? If yes, please describe.** |  |
| **5.** | **Please confirm that the surplus lines tax or independent procurement tax on the policy has been paid for the prior policy period by completing the table below.**  |  |

|  |  |
| --- | --- |
| **6.** | **Please confirm that the surplus lines tax or independent procurement tax on the policy has been paid for the prior policy period by completing the table below.**  |
|  |  |  |  |
|  | **Name/Address of Taxing Authority** | **Name/Address of Taxing Authority** | **Name/Address of Taxing Authority** |
|  |  |  | **$** |  |
|  |  |  | **$** |  |
|  |  |  | **$** |  |
|  |  |  | **$** |  |

**The information furnished in this renewal application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any policy issued.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Dated at** |  | **this** |  | **day of** |  | **in the year**  |  |

|  |  |
| --- | --- |
| **By** |  |
|  | **Print Name** |
|  |  |
|  | **Print Title** |
|  |  |
|  | **Signature** |