



P. O. Box 1967
 Madison, MS 39130-1967
 Phone: 601-898-8464
 Toll Free: 1-800-844-0536
 Fax: 601-707-1037
www.sportsfitness.com

PROPERTY RENEWAL APPLICATION

Section I – General Information

Named Insured: _____

If contact information hasn't changed, please check box and move to Section II.

Owner's Name: _____ E-mail: _____

Mailing Address: _____

City, State, Zip: _____

Location Address (if different): _____

City, State, Zip: _____

Phone: _____ Fax: _____ Web Site: _____

Section II – Insurance Information

If no coverage changes are requested, please check box and move to Section III.

1. Building Value \$ _____
2. Contents & Stock Value \$ _____
3. Tenant Improvements \$ _____
4. Sign Value \$ _____
5. Glass \$ _____
6. Business Income with Extra Expenses \$ _____ 1/3 1/4 1/6 12 months

Section III – Additional Insureds

If no coverage changes are requested, please check box.

| Name & Address | Interests |
|----------------|---|
| | <input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify: |
| | <input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify: |
| | <input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify: |

No application will be accepted unless signed by the applicant.

The applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

Signature of Applicant

Date