

PLEASE ATTACH THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY.

STOCK COMPANY

**RENEWAL CERTIFICATE**

**TUDOR**  
**INSURANCE COMPANY**  
KEENE, NEW HAMPSHIRE



POLICY NO. \_\_\_\_\_

EXPIRING  
POLICY NO. \_\_\_\_\_

**FOR MISCELLANEOUS BUSINESS CLASSES**

**THIS IS A CLAIMS MADE AND REPORTED POLICY - PLEASE READ IT CAREFULLY**

**RENEWAL DECLARATIONS**

**Named Insured and Mailing Address:** (No., Street, City, State, Zip Code)

**Producer:**

In consideration of the renewal premium stated below, the expiring policy is renewed for the Policy Period stated below.

**Policy Period** (Mo./ Day/ Yr.)

From \_\_\_\_\_ to \_\_\_\_\_ 12:01 AM, standard time at your mailing address shown above.

The Application (if any) for this renewal and all previous Applications made to the Company, including any material submitted, and including all endorsements shall be made part of the Renewal Policy as if physically attached hereto.

**THE FOLLOWING CHANGES ARE APPLICABLE TO THIS RENEWAL:**

**(If no entry, the premium is due as shown below.)**

**Premium Due:** \_\_\_\_\_

Countersigned:

By Thomas A. Mulligan

Authorized Representative