

WESTPORT
AUTOMATIC RENEWAL
VOLUME CHANGE

Agency Name: _____

Policy Number: _____

Renewal Date: _____

	Last 12 months	Next 12 months
P&C Premium Volume:	_____	_____
P&C Commissions:	_____	_____
Life A&H Comm.:	_____	_____

Please give brief description of reason for decrease in premium volume:

Authorized Signature

Date