

Auto Renewal Questionnaire

COLUMBIA INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Policy Term From: _____ To: _____

Named Insured _____

Policy No. _____

Renewal Date _____

1. Complete the following: Have there been any changes - if yes, explain.

- | | Yes | No | |
|--|------------------------------|-----------------------------|----------------------|
| (a) Named Insured | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (b) Address of Insured | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (c) Largest City Entered | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (d) Maximum Radius Operated | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (e) No. of Vehicles Owned | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (f) No. of Vehicles Leased | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (g) Are all owned & leased vehicles covered under this policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If no, explain _____ |

2. Is there any change in operations? Yes No If yes, explain _____

3. Indicate any changes in units or coverages to be made at renewal _____

4. For Public Vehicles: Is your operation For Profit Non-Profit

5. If insured is leased out, to whom is he currently leased? _____

6. Do you presently have or are you applying for a permit(s) for transportation of hazardous material and/or radioactive materials? _____

7. Is there any change in types of commodities hauled? Yes No If yes, explain _____

8. Person to contact for inspection (name and phone number) _____

9. Have you ever filed or are you contemplating filing for reorganization or bankruptcy? Yes No If yes, show date (month and year) and explain: _____

10. **MUST BE COMPLETED FOR ALL DRIVERS** (if not enough space attach list)

Driver's Name	Date of Hire	Date of Birth	Driver's Licenses			Experience	
			State	Number	No. of Years Licensed	Type of Unit (bus, van, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

11. When physical damage provided, indicate current depreciated value(s) _____

12. Any accidents or violations in the past twelve (12) months? Yes No If yes, explain _____

13. Are DOT filings required? Yes No If yes, list MC number and required filings _____
 Are state filings required? Yes No If yes, identify all states/filings/ID numbers _____

14. Are there any changes to loss payees? Yes No If yes, explain _____

The Applicant's representative acknowledges that he/she has advised the Insured and the Insured agrees that if the foregoing statements and answers are materially false, the Company shall have the right to rescind any policy it may issue or any renewal thereof. All terms, conditions, and applicable endorsements of the previous policy shall apply. Representations made on the Insured's original Company application shall survive renewal unless modified by this document.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Date _____

 Applicant's Representative

 Address of Applicant's Representative