

Cargo 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. **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	
			ST	Number	No. of Years Licensed	Type of Unit (tractor/truck)	No. of Years
1.							
2.							
3.							
4.							
5.							

Type of Cargo	% of Hauling	Maximum Value	Average Value

Amount of Insurance on each truck should equal the maximum load carried, as policies contain a 100% co-insurance clause.

6. **INSURANCE NEEDS** – Complete for desired coverages:

Named Perils or Broad Form Deductible Amount \$ _____ Limit of Insurance \$ _____

OPTIONAL COVERAGES (additional premium): Additional Insured Endorsement (Lessee) Loading and Unloading Coverage
 Earned Freight Coverage Refrigeration Breakdown Coverage Hired Car Cargo Coverage

REDUCTION OF COVERAGE (premium credit): Exclude Theft Coverage

7. **CARGO FILING INFORMATION:**

List states for which insured requires CARGO FILINGS (check name on permits) _____

Is FHWA filing required? Yes No FHWA Docket Number _____

8. 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 _____

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
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