Dealers & Non-Dealers 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

NATIONAL INDEMNITY COMPANY OF MID-AMERICA							erm From:	To:		
Named Insured							Policy No			
							Renewal Date			
I.	Comple	ete the following. A	ny changes							
	(a) Cov	erages		Yes □	N					
	(b) Limi	its				<u></u>				
	(c) Deductibles					ı				
	(d) No.	d) No. of Plates Held - Including #s				<u></u>				
	(e) Location					<u></u>				
II.	SCHEDULE OF ALL EMPLOYEES (including all family members licensed to drive)									
	Loc. No. Name		Duty Full/ Part-Time	Estimat Annua Payro	al	Date of Birth	Drivers License #	State Licensed	Number of Accidents	Number of Violations
				 						
III.	Please list all vehicles owned by you or used in your business the									
	YEAR, MODEL, BODY TYPE, CURRENT AND SERIAL NUMBER VALUE			WHER	E GAI	RAGED	GROSS VEHICLE WEIGHT (TRUCKS)	LOSS PAYABLE NAME & ADDRESS EXCL.		
		desire the following	coverage for	these veh	icles	? Liabilit	l tv	l Yes □N	0	
	Do you	desire the following	coverage for	tricac veri	10103			Yes DN		
IV.	Any ch	ange in operation o	or exposure?	If yes, ex	крlаі	in				
Re	marks _									
sta the	tements reof. All	ant's representative a and answers are ma terms, conditions, a riginal Company app	iterially false, nd applicable	the Compa	any s	shall have th s of the prev	e right to rescind a rious policy shall a	ny policy it ma pply. Represe	es that if th by issue or a entations m	e foregoino any renewa nade on the
Da	te						A mail:	's Representativ	•	
							Applican	s Representativ	U	
							Address of Ap	plicant's Represe	entative	