

# 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        \_\_\_\_\_  
(b) Address of Insured        \_\_\_\_\_  
(c) Largest City Entered        \_\_\_\_\_  
(d) Maximum Radius Operated        \_\_\_\_\_  
(e) No. of Vehicles Owned        \_\_\_\_\_  
(f) No. of Vehicles Leased        \_\_\_\_\_  
(g) Are all owned & leased vehicles covered under this policy?       Yes       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.

Date \_\_\_\_\_

Applicant's Representative

Address of Applicant's Representative