Cargo Renewal Questionnaire

New England Excess Exchange, Ltd.
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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.**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.							

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.

Date _____

_____
Applicant's Representative

_____
Address of Applicant's Representative