

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

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
 800-548-4301 • www.neee.com

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.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Date _____

 Applicant's Representative

 Address of Applicant's Representative