



Garage Service Operations Renewal Questionnaire

National Fire & Marine Insurance Company
National Indemnity Company of the South

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

Expiring Policy Number: _____

1. Named Insured: _____

2. Change of address(es)? Yes No If yes, enter updated address(es) below.

3. Website: _____ 4. Phone number: _____

5. Account summary:

Policy Period	Gross Receipts	Total Payroll	Subcontractor Costs	No. of Owners	No. of Employees
Past Year					
Estimate for Upcoming Term					

6. Employee & Owner Information (please include all owners, executives, employees and subcontractors):

Name	Age	Location No.	Job Title/Duties

*Please use M-5974 to list any additional employees and/or owners.

7. Description of ALL ongoing operations: _____

8. Any requested changes to coverage limits? Yes No If yes, enter below.

9. Any requested changes to additional insureds? Yes No If yes, enter and explain requested changes below.

10. Additional remarks: _____

***THE EXPANDED CLASS GARAGE PROGRAM SUPPLEMENTAL APPLICATION (M-5251) MUST BE COMPLETED AS WELL.**

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.

Witness

Applicant's Signature

Date