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				To:				
Named Insured			Policy No					
				Renewal Date				
I.	Complete the following. Any changes t (a)Coverages	o be mao Yes □	de at ren No □	ewal? If yes, explain:				
	(b)Limits							
	(c) Deductibles							
	(d)No. of Plates Held – Including #s							
	(e)Location							

II. SCHEDULE OF ALL EMPLOYEES (including all family members licensed to drive)

Loc. No.	Name	Duty Full/ Part-Time	Estimated Annual Payroll	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 that are NOT vehicles held for sale:

	YEAR, MODEL, BODY TYPE, AND SERIAL NUMBER	CURRENT VALUE	WHERE GARAG	ED	GROSS VEHICLE WEIGHT (TRUCKS)			SS PAYABLE E & ADDRESS		EXCL.
I	Do you desire the following coverage for these vehicles?							□ No □ No		
IV. A	V. Any change in operation or exposure? If yes, explain									

Remarks _____

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.

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

Date _____

Applicant's Representative

Address of Applicant's Representative

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