

Auto Renewal Questionnaire

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 | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (b) Address of Insured | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (c) Largest City Entered | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (d) Maximum Radius Operated | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (e) No. of Vehicles Owned | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (f) No. of Vehicles Leased | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (g) Are all owned & leased vehicles covered under this policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Date _____

Applicant's Representative _____

Address of Applicant's Representative _____