Dealers & Non-Dealers Renewal Questionnaire

NATIONAL INDEMNITY COMPANY
NATIONAL LIABILITY & FIRE INSURANCE COMPANY

						Policy Te	rm From:	To:		
Named Insured							Policy No			
							Renewal Date _			
I.	Complete the following. Any changes to be made at renewal? If yes, explain:									
	(a) Coverages			Yes □	No					
	(b) Limits									
	(c) Deductibles									
	(d) No. of Plates Held - Including #s									
	(e) Location									
II.	SCHEDULE OF ALL E	EMPLO	YEES (inc	cluding all	famil	y member	s licensed to driv	e)		
	Loc. No. Name		Duty Full/ Part-Time	Estima Annua Payro	al	Date of Birth	Drivers License #	State Licensed	Number of Accidents	Number of Violations
III.	Please list all vehicle	s owne	ed by you	or used in	your	business	that are NOT veh	icles held fo	r sale:	
	YEAR, MODEL, BODY TY AND SERIAL NUMBER	URRENT WHERE GARAC			AGED	GROSS VEHICLE WEIGHT (TRUCKS)	LOSS PAYABLE NAME & ADDRESS		EXCL.	
							, ,			
	Do you desire the follo	wing co	overage for	these veh	icles?	Liabilit		Yes □ N		•
		_				•	J	Yes □ N	0	
IV.	Any change in operat	ion or	exposure	? If yes, ex	xplain	1				
Re	marks									
sta the	e Applicant's representa tements and answers a ereof. All terms, conditio ured's original Compan	e mate	erially false	, the Compa e endorsen	any sh nents	nall have the	e right to rescind ar	ny policy it ma oply. Represe	v issue or a	ny renewa
Da	te						Analiacet	s Representativ		
							Applicant	s nepresentativ	-	
						-	Address of App	olicant's Represe	entative	