

# Auto Renewal Questionnaire

NATIONAL INDEMNITY COMPANY  
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

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.

Date \_\_\_\_\_ Applicant's Representative \_\_\_\_\_

Address of Applicant's Representative \_\_\_\_\_