

Dealers & Non-Dealers Renewal Application

COLUMBIA INSURANCE COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Policy Term From: _____ To _____

Named Insured: _____

Policy No: _____

Renewal Date: _____

I. Complete the following: Any changes to be made at renewal – if yes, explain.

- | | Yes | No | |
|---------------------------------------|--------------------------|--------------------------|-------|
| (a) Coverages | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (b) Limits | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (c) Deductibles | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (d) No. of Plates held – including #s | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (e) Location | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

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 |
|----------|------|---------------------|--------------------------|---------------|-------------------|----------------|---------------------|----------------------|
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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 GARAGED | GROSS VEHICLE WEIGHT (TRUCKS) | LOSS PAYABLE NAME & ADDRESS | EXCL. |
|---|---------------|---------------|-------------------------------|-----------------------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Do you desire the following coverage for these vehicles?
 Liability Yes No
 Physical Damage Yes No

IV. 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