

Auto Renewal Questionnaire

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 _____

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

REJECTION OF UNINSURED MOTORISTS COVERAGE
ALABAMA

Act No. 866, Alabama Law 1965, provides that, unless rejected by the named insured, Uninsured Motorists Coverage must be provided, in limits set forth in the law, in or supplemental to all automobile or motor vehicle liability policies delivered or issued for delivery in Alabama with respect to any motor vehicle registered or principally garaged in Alabama and insuring against loss resulting from liability imposed by law for bodily injury or death suffered by any person arising out of the ownership, maintenance or use of a motor vehicle. Such Uninsured Motorists Coverage is the coverage provided for the protection of persons insured under the policy who would be legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease including death resulting therefrom.

If such coverage is rejected, the premium shall be \$ _____ less than if it is not rejected.

In accordance with the provision that Uninsured Motorists Coverage may be rejected, the undersigned (and each of them) does hereby reject such coverage.

The undersigned understands and agrees that the provisions of the Uninsured Motorists Coverage will not be included in the policy issued to them and waives any protection of the Alabama Statutes in that respect.

Signature

Date

Signature

Date

Until you advise us otherwise in writing, your rejection, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any scheduled Autos and will be carried forward on all future renewal policies without additional notice.

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION