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

Argenia, Inc.
P.O. Box 17370
Little Rock, AR 72222-7370
(501) 227-9670 FAX: (501) 227-8105

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	☐	☐	_____
(b) Limits	☐	☐	_____
(c) Deductibles	☐	☐	_____
(d) No. of Plates held – including #s	☐	☐	_____
(e) Location	☐	☐	_____

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

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.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Date _____ _____
Applicant's Representative

_____
Address of Applicant's Representative