

Auto Renewal Questionnaire

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	___	___	_____
(b) Address of Insured	___	___	_____
(c) Largest city entered	___	___	_____
(d) Maximum radius operated	___	___	_____
(e) No. of Vehicles owned	___	___	_____
(f) No. of Vehicles leased	___	___	_____
(g) Are all owned & leased vehicles covered under this policy?	___ Yes	___ 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. Are 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: _____

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: _____

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