

Dealers & Non-Dealers Renewal Application

NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Administrative Office - Omaha, Nebraska

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

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	Principal Garaging Location (Complete Street Address, City, State & Zip)	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 and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Date _____

Applicant's Representative and Agency License Number

Address of Applicant's Representative