

# Cargo Renewal Questionnaire

NATIONAL INDEMNITY COMPANY

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. **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	
			ST	Number	No. of Years Licensed	Type of Unit (tractor/truck)	No. of Years
1.							
2.							
3.							
4.							
5.							

Type of Cargo	% of Hauling	Maximum Value	Average Value

Amount of Insurance on each truck should equal the maximum load carried, as policies contain a 100% co-insurance clause.

6. **INSURANCE NEEDS** – Complete for desired coverages:

Named Perils or  Broad Form Deductible Amount \$ \_\_\_\_\_ Limit of Insurance \$ \_\_\_\_\_

OPTIONAL COVERAGES (additional premium):  Additional Insured Endorsement (Lessee)  Loading and Unloading Coverage

Earned Freight Coverage  Refrigeration Breakdown Coverage  Hired Car Cargo Coverage

REDUCTION OF COVERAGE (premium credit):  Exclude Theft Coverage

7. **CARGO FILING INFORMATION:**

List states for which insured requires CARGO FILINGS (check name on permits) \_\_\_\_\_

Is FHWA filing required?  Yes  No FHWA Docket Number \_\_\_\_\_

8. 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 \_\_\_\_\_

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