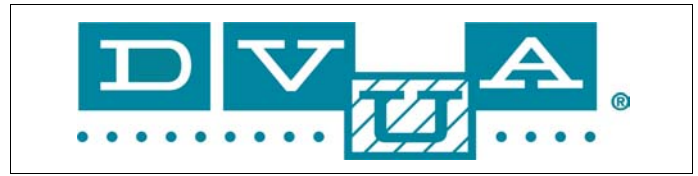


Auto Renewal Questionnaire

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 _____



Delaware Valley Underwriting Agency, Inc.

ADDENDUM TO APPLICATION

Insured's/Applicant's Name: _____

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

I have read and accept the above (To be signed by the Insured/Applicant)

Insured/Applicant Signature

Date