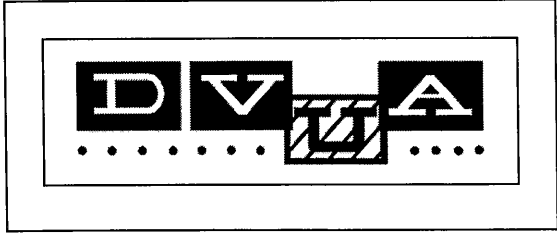


- NATIONAL INDEMNITY COMPANY
- NATIONAL FIRE & MARINE INSURANCE COMPANY
- COLUMBIA INSURANCE COMPANY
- NATIONAL LIABILITY & FIRE INSURANCE COMPANY
- NATIONAL INDEMNITY COMPANY OF THE SOUTH
- NATIONAL INDEMNITY COMPANY OF MID-AMERICA
- WESCO-FINANCIAL INSURANCE COMPANY



RENEWAL QUESTIONNAIRE
(Commercial, Public, Limousine, Taxi)

Named Insured: _____

Policy No. _____

Renewal Date _____

WV NICO Print Version 1.300 10/03/2002

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) Area of Operations | <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"/> | <input type="checkbox"/> | If no, explain: _____ |

2. For public vehicles: Is your operation For Profit Non-Profit

3. If insured is leased out, to whom is he currently leased? _____

4. Do you presently have or are you applying for a permit(s) for transportation of hazardous material and/or radioactive materials? _____

5. Is there any change in types of commodities hauled? Yes No If yes, explain: _____

6. Is there any change in operations? Yes No If yes, explain: _____

7. Person to contact for inspection (name and phone number): _____

8. Have you ever filed or are you contemplating filing for reorganization or bankruptcy? Yes No If yes, show date (month and year) and explain: _____

9. MUST BE COMPLETED FOR ALL DRIVERS (If not enough space attach list)

Driver's Name	Date of Birth	Driver License No.	State Where Licensed	No. Years Previous Commercial Driving Experience	Date of Hire	Co. Emp. (C) Owner/ Operator (O/O) Franchisee (F) Ind. Cont. (I/C)	No. of Violations in Last 5 Years (Describe Below)	No. of Accidents in Last 3 Years (Describe Below)

10. When physical damage provided, indicate current depreciated value(s): _____

11. Any accidents or violations in the past twelve (12) months? Yes No If yes, explain: _____

12. Indicate any changes in units or coverages to be made at renewal: _____

13. Are PUC filings to be renewed? Yes No If yes, forward completed Form M-3916 to Regulatory Filing Department for handling.

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.

Date _____

Applicant's Representative

TERRORISM RISK INSURANCE ENDORSEMENT

NOTICE TO POLICYHOLDERS REQUIRED UNDER TERRORISM RISK INSURANCE ACT OF 2002

Pursuant to the requirements of the Terrorism Risk Insurance Act of 2002, we are required to advise you of the following information:

Coverage for acts of terrorism is included in this policy subject to the terms, conditions, limits and exclusions contained therein. Under this coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. While your insurer faces significant exposure under your policy for losses caused by acts of terrorism, the premium you paid for the policy does not reflect that exposure. **Consequently, no premium is currently being charged on your policy for the risk of losses caused by certified acts of terrorism.**

Premium on renewal of your coverage may be charged for you to maintain coverage for losses arising out of acts of terrorism. In that event you will be informed of such charges to the extent required by federal or state law.

Company Name	Policy Number
	Endorsement Effective
Named Insured	Countersigned at
	By

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)