# Dealers & Non-Dealers Renewal Application

**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**

Strickland General Agency of La., Inc.
819 Central Avenue
Suite B
Jefferson, LA 70121
(504) 738-8352 FAX: (504) 738-8359

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 | ☐ | ☐ | _____ |
| (b) Limits | ☐ | ☐ | _____ |
| (c) Deductibles | ☐ | ☐ | _____ |
| (d) No. of Plates held – including #s | ☐ | ☐ | _____ |
| (e) Location | ☐ | ☐ | _____ |

**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 | WHERE GARAGED | 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.

Date _____ _____
Applicant's Representative

_____
Address of Applicant's Representative