Dealers & Non-Dealers Renewal Application

Carolina Insurance Service, Inc.
130 Charlois Blvd.
Winston-Salem, NC 27103
(336) 725-5578 FAX: (336) 721-1667

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.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Date _____ _____
Applicant's Representative

_____
Address of Applicant's Representative