

**T.H.E. INSURANCE COMPANY**

10451 Gulf Boulevard  
Treasure Island, FL 33706

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**Vehicle Questionnaire and Supplement Must  
Accompany Automobile Schedule**

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Name (First Named Insured & Other Named Insured's):

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Individual  Corporation  Partnership  Joint Venture  Other \_\_\_\_\_

Is the applicant a subsidiary of another entity?  Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Nature of Business/Description of Operations – Include all activities during the entire year \_\_\_\_\_

\_\_\_\_\_

How many years in business? \_\_\_\_\_

What states do you travel in? \_\_\_\_\_

\_\_\_\_\_

If special filings or certificates are required, i.e. Form E, MCS-90, please explain below and advise state(s)

\_\_\_\_\_

Any policy declined, cancelled or non renewed during the prior 3 years?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

With the exception of encumbrances, are any vehicles not solely owned by and registered to the applicant?

Yes  No If answer is yes, please explain below \_\_\_\_\_

\_\_\_\_\_

Are any vehicles leased to others?  Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Are any vehicles customized, altered or have special equipment?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Do operations involve transporting hazardous material?  Yes  No

**Automobile Supplement**

Applicant's Business Name: \_\_\_\_\_  
Policy Period Requested: \_\_\_\_\_ to \_\_\_\_\_

- Liability Limits:  \$25,000.00/\$50,000.00 Bodily Injury and \$25,000.00 Property Damage
- \$50,000.00/\$100,000.00 Bodily Injury and \$50,000.00 Property Damage
- \$100,000.00/\$300,000.00 Bodily Injury and \$100,000.00 Property Damage
- \$300,000.00 Bodily Injury and Property Damage Combined
- \$500,000.00 Bodily Injury and Property Damage Combined
- \$750,000.00 Bodily Injury and Property Damage Combined
- \$1,000,000.00 Bodily Injury and Property Damage Combined
- Other: Bodily Injury \_\_\_\_\_/\_\_\_\_\_ Property Damage \_\_\_\_\_

**Personal Injury Protection (Statutory) will be Provided where Required**

Physical Damage Coverage:  
ACTUAL CASH VALUE not to exceed stated amount as shown on schedule

- Winter Quarters (off-season) Coverage  
\*\* Less than 3 vehicles at any one time within 50 mile radius of home

Seasonal Dates: \_\_\_\_\_ to \_\_\_\_\_

**Uninsured Motorist Selection (check box)**

- I hereby REJECT Uninsured Motorist Insurance
- I hereby ACCEPT Uninsured Motorist Insurance at the following Limits which are equal to or lower than Bodily Injury Limits of my policy:
  - \$10,000.00 ea. person/\$20,000.00 ea. accident
  - \$25,000.00 ea. person/\$50,000.00 ea. accident
  - \$50,000.00 ea. person/\$100,000.00 ea. accident
  - \$100,000.00 ea. person/\$300,000.00 ea. accident

**\*Rejection will continue in effect on all renewal policies of the insured until otherwise requested.**

Lien Holder/Loss Payable:	Name & Address	Interest
	_____	_____
	_____	_____
	_____	_____

Additional Insured's:	Name & Address	Interest
	_____	_____
	_____	_____
	_____	_____

**IF YOU HAVE SPECIAL FILINGS OR CERTIFICATE REQUIREMENTS,  
PLEASE DISCUSS WITH YOUR AGENT**



## Fraud Warning Statement

For your protection state law(s) may require the following statement(s) to appear on this form.

Any person who knowingly and with intent to defraud any insurance company or other 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, denial of insurance benefits, fines and confinement in prison.

### Florida

“Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

### New York

“Any person who knowingly and with intent to defraud any insurance company or other 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.”

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Signature of Applicant

Date Signed

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Signature of Agent

Date Signed