

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

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

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

**T.H.E. INSURANCE COMPANY
AUTOMOBILE SUPPLEMENTAL
STATE OF OREGON**

Applicant's Business Name: _____

Policy Period Requested: _____ to _____

LIABILITY LIMITS

Choose ONE FROM EACH COLUMN of the following (SPLIT LIMITS):

Bodily Injury Limit

- \$25,000 each person / \$50,000 each accident
- \$50,000 each person / \$100,000 each accident
- \$100,000 each person / \$300,000 each accident
- \$300,000 each person / \$500,000 each accident
- \$500,000 each person / \$750,000 each accident
- \$750,000 each person / \$1,000,000 each accident

Property Damage Limit

- \$10,000
- \$15,000
- \$20,000
- \$25,000
- \$50,000
- \$100,000

OR Choose ONE of the following (COMBINED SINGLE LIMIT)

- \$60,000 Bodily Injury and Property Damage Combined
- \$100,000 Bodily Injury and Property Damage Combined
- \$300,000 Bodily Injury and Property Damage Combined
- \$500,000 Bodily Injury and Property Damage Combined
- \$750,000 Bodily Injury and Property Damage Combined
- \$1,000,000 Bodily Injury and Property Damage Combined

UNINSURED MOTORISTS SELECTION

I hereby select Uninsured Motorists Insurance at the following limits which are equal to or lower than the Bodily Injury Liability Limits of my policy:

- \$25,000 each person / \$50,000 each accident
- \$50,000 each person / \$100,000 each accident
- \$100,000 each person / \$300,000 each accident
- \$300,000 each person / \$500,000 each accident
- \$500,000 each person / \$750,000 each accident
- \$750,000 each person / \$1,000,000 each accident

- \$60,000 Combined Single Limit
- \$100,000 Combined Single Limit
- \$300,000 Combined Single Limit
- \$500,000 Combined Single Limit
- \$750,000 Combined Single Limit
- \$1,000,000 Combined Single Limit

**PERSONAL INJURY PROTECTION WILL BE PROVIDED AS REQUIRED BY LAW
(STATUTORY)**

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 _____

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**

Signature of Applicant

Date Signed

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.”

Signature of Applicant

Date Signed

Signature of Agent

Date Signed