

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

Texas Automobile Supplement

Applicant's Business Name: _____
Policy Period Requested: _____ to _____

- Liability Limits: \$55,000.00 Bodily Injury and Property Damage Combined
- \$100,000.00 Bodily Injury and Property Damage Combined
- \$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

Personal Injury Protection (Statutory) will be Provided where Required

I hereby REJECT Personal Injury Protection

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:
 - \$55,000.00 Combined Single Limit
 - \$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.”

Signature of Applicant

Date Signed

Signature of Agent

Date Signed