

**Maxum Renewal Questionnaire**

Today's Date: \_\_\_\_\_

Named Insured:		Policy Number:		Effective Date:	
----------------	--	----------------	--	-----------------	--

1. Have there been any changes in:
- (a) Contracts .....  Yes  No
  - (b) Commodities Hauled.....  Yes  No
  - (c) Routes.....  Yes  No

If yes, to any of the above, please provide explanation:

---



---



---

2. Please provide:
- Current Revenue: \_\_\_\_\_ Projected Revenue: \_\_\_\_\_
- Current Mileage: \_\_\_\_\_ Projected Mileage: \_\_\_\_\_

3. Have there been any changes in equipment? (Including stated values).....  Yes  No

If yes, please list revisions or attach an updated vehicle schedule:

---



---



---

4. Have there been any driver additions or deletions? .....  Yes  No

If yes, please list revisions or attach an updated driver schedule:

---



---



---

5. **IFTA REPORTS for the last four (4) quarters must be provided no later than:** .....

6. Additional Comments / Requests:

---



---



---

7. Date Quote Needed .....