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Philadelphia Insurance Companies
INSURANCE INFORMATION FORM

RENTAL VEHICLES ONLY	LIABILITY POLICY NUMBER PHPR	PHYSICAL DAMAGE POLICY NUMBER PHEX	ACCOUNT NUMBER

LIMITS OF LIABILITY					COVERAGE IS AFFORDED AS SPECIFIED IN THE POLICY LISTED ABOVE			
	BODILY INJURY	PER PERSON				COLLISION DEDUCTIBLE		
		PER OCCURRENCE						
	PROPERTY DAMAGE					COMPREHENSIVE DEDUCTIBLE		
	EXCESS							

NAME AND COMPLETE ADDRESS OF NAMED INSURED		MAIL THIS FORM TO: **ATTN: UNDERWRITING OPERATIONS – ADD/ DELETE** **PHILADELPHIA INSURANCE COMPANIES** **ONE BALA PLAZA, SUITE 402** **BALA CYNWYD, PA 19004** **On-Line Add/ Delete Form www.phly.com** Email form to: Autorental@phlyins.com OR FAX TO: (866) 566-0329 Any Questions: Please call Ian Bristow at: 610-617-6084 Or email : ibristow@phlyins.com

THIS TRANSACTION SHALL TAKE EFFECT AT 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN, PROVIDED, HOWEVER, IF THE NAMED INSURED SHALL FORWARD COPIES HEREOF TO THE COMPANY WITHIN 10 DAYS AFTER NAMED INSURED SHALL TAKE POSSESSION OF THE VEHICLE. COVERAGE SHALL BECOME EFFECTIVE AT 12:01 A.M. STANDARD TIME, THE DATE RECEIVED AT THE COMPANY.

ALL VEHICLES ON THIS FORM TO BE ADDED OR DELETED AS INDICATED IN THE BOX. DO NOT ADD AND DELETE ON THE SAME FORM.	☐ ADD ☐ DELETE	SIGNATURE	DATE

EFFECTIVE DATE	UNIT NUMBER	YEAR	MAKE	MODEL	SERIAL NUMBER	TRUCK (GVW)	STATED VALUE