

AUTO DAILY RENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Complete Current Rental Agreement (front and back)
- Vehicle Schedule showing Year, Make, Model and **complete Vehicle Identification Number (VIN)**
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- Addendum A – Monthly Exposure Report
- Photograph – Each Location
- List of Additional Insureds, Loss Payees, and Certificate Holders (with addresses)
- For Property and General Liability proposal, attach specific ACORD applications*
* These coverage lines, if applicable and meet underwriting guidelines, will be written under a separate policy.

GENERAL INFORMATION

1. Name of Applicant:
2. Address:
P.O. Box:
City: State: Zip Code:
Telephone Number: Fax Number:
3. Billing contact name:
Name(s) of Principal(s):
Social Security Number(s) of Principal(s):
Date(s) of Birth of Principal(s):
4. Business is: Individual Partnership Corporation
FEIN:
5. Corporate system affiliation:
6. Number of years in rental business and background of owner and manager(s) [Start-ups, please include business plan and resume of owner and manager(s)]:
7. Number of company employees:
8. Are employees allowed personal use of vehicle fleet? Yes No
9. Does the Applicant secure a motor vehicle report on each employee? Yes No

10. List of employees:

Name	Date of Birth	Driver's License Number

(For additional employees, please list employee information on a separate sheet and attach to application.)

11. Locations:

Location Address (City, State)	Number of Cars	Number of Trucks (Over 10,000 lbs GVW)	Manager

APPLICANT'S OPERATIONS

- | | | | | | | | | | | | | | | | | | | |
|--|-------------------------|-------------------|---------------|---------------|----------------|-----------------------|------------------|--------------|-------------------|-------------------|----------------|--|-----------------------------|-------------------------|--|--|--|--|
| 1. Does the Applicant have operations other than short term auto rentals?
(Please indicate all that are applicable) | Yes | No | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">"Rent to Own" Rentals</td> <td style="width: 33%;">Long Term Leasing</td> <td style="width: 33%;">Body Shop</td> <td style="width: 33%;">Repair Garage</td> </tr> <tr> <td>Used Car Sales</td> <td>Valet/Shuttle Service</td> <td>Parking Facility</td> <td>Limo Service</td> </tr> <tr> <td>Motorcycle Rental</td> <td>Motor Home Rental</td> <td>Trailer Rental</td> <td></td> </tr> <tr> <td>Recreational Vehicle Rental</td> <td colspan="3">Other (please specify):</td> </tr> </table> | "Rent to Own" Rentals | Long Term Leasing | Body Shop | Repair Garage | Used Car Sales | Valet/Shuttle Service | Parking Facility | Limo Service | Motorcycle Rental | Motor Home Rental | Trailer Rental | | Recreational Vehicle Rental | Other (please specify): | | | | |
| "Rent to Own" Rentals | Long Term Leasing | Body Shop | Repair Garage | | | | | | | | | | | | | | | |
| Used Car Sales | Valet/Shuttle Service | Parking Facility | Limo Service | | | | | | | | | | | | | | | |
| Motorcycle Rental | Motor Home Rental | Trailer Rental | | | | | | | | | | | | | | | | |
| Recreational Vehicle Rental | Other (please specify): | | | | | | | | | | | | | | | | | |
| 2. Will the Applicant rent vehicles used to carry passengers for hire? | Yes | No | | | | | | | | | | | | | | | | |
| 3. Are all vehicles in the fleet available for rent? | Yes | No | | | | | | | | | | | | | | | | |
| 4. Are all vehicles titled in the business name? | Yes | No | | | | | | | | | | | | | | | | |
| 5. Is the Applicant applying to insure vehicles other than those used for daily rental?
If yes, explain (attach vehicle schedule for these units): | Yes | No | | | | | | | | | | | | | | | | |

(Coverage under this policy may not apply to these units and may need to be covered under a separate policy)

COVERAGE INFORMATION

1. Current Carrier: _____ Current Rate: _____
 Rating Basis: _____ Policy Period: _____ to _____
 Method for premium calculation: _____
 Scheduled PCPM Gross Revenue Unscheduled PCPM
 Estimated gross revenue for the next twelve (12) months: \$ _____

2. Prior carrier information / exposure data:
Attach currently valued insurance company loss runs for the current policy period plus 3 prior years.
 Have you ever been declined, cancelled or non-renewed for this kind of insurance? Yes No

Policy Period	Insurance Carrier	Average Number of Units		Time and Mileage Gross Revenue
		Cars	Trucks	

(Complete Addendum A – Monthly Exposure Data below)

3. Has the Applicant ever had a liability deductible? Yes No
 If yes, when: _____ Deductible: \$ _____

4. Limit of Liability:

	Current Coverage	Desired Coverage (if same, write "same")
Owner	\$ _____	\$ _____
Renter	<i>State Statutory Limits</i>	<i>State Statutory Limits</i>
**Uninsured Motorist	\$ _____	\$ _____
**PIP	\$ _____	\$ _____
*Comprehensive (\$1,000 minimum ded)	\$ _____	\$ _____
*Collision (\$1,000 minimum ded)	\$ _____	\$ _____
*Pick and Choose basis?		Yes No
If yes, number of units per year:		
Other:		

**Does the Applicant currently reject Uninsured Motorist coverage/stacking option and PIP when allowed by law? Yes No

5. If requesting Physical Damage coverage, what security measures are taken to prevent theft?

BUSINESS / COUNTER PRACTICES

1. Describe the Applicant's hiring and training practices for new personnel:

2. Does the Applicant use a training manual? Yes No

3. How are employees paid?

4. Business hours:

5. Present counter practices: (brief description) **(Attach sample of each rental contract currently in use)**

6. Age limitation, if any:

7. Rental customer:

Type of rental (indicate % of your business in each category):

Personal	%	Business	%	Insurance Replacement	%
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Military	%	Other (specify):	%		
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8. Percentage of rentals using corporate account credentials: %
 Are system corporate accounts afforded higher limits of liability? Yes No
 If yes, what limits are provided to corporate accounts?

9. Credentials: How does the Applicant qualify a renter?

10. Is there a place on the contract for renter's birth date? Yes No

11. Does the Applicant perform a signature comparison? Yes No

12. Does the Applicant verify a phone number on local rentals? Yes No

13. Are all rental contracts **secured** with credit cards? If not: Yes No
 What percentage of rentals contracts are secured with cash? %
 Explain counter procedures for accepting cash rentals:

14. Will the Applicant rent to someone using another person's credit card? Yes No

15. Does the Applicant secure a motor vehicle report on each driver? Yes No

16. Does the Applicant rent without reservations? Yes No

17. Does the Applicant accept all reservations? Yes No

- | | | |
|---|-----|----|
| 18. Does the Applicant ask where the vehicle will be driven and what its use will be? | Yes | No |
| 19. Does the Applicant require renter to provide proof of applicable insurance?
If yes, how does the Applicant qualify proof of insurance? | Yes | No |
| 20. How are additional authorized drivers qualified:

Relationship: | | |
| 21. How are military rentals qualified: | | |
| 22. How are foreign drivers qualified: | | |
| 23. Does the Applicant advertise?
If yes, where: | Yes | No |
| 24. Does the Applicant sell CDW (collision damage waiver)? | Yes | No |
| 25. Does the Applicant sell SLI (Supplemental Liability Insurance) or like product? | Yes | No |
| 26. Does the Applicant sell any other form of primary liability insurance?
If yes, explain: | Yes | No |

FLEET INFORMATION

1. Fleet description – average number or percentage (attach current fleet list):
- | | | |
|-------------------------|-------------------|-----------------------|
| Full size: | Intermediates: | Compacts: |
| Luxury: | Service Vehicles: | Trucks: |
| Cargo Vans: | Passenger Vans: | Number of Passengers: |
| Other: | | |
| Percentage of vehicles: | Owned | % |
| | Leased | % |

Describe any units over 10,000 lbs. GVW (attach list including GVW):

Describe any units over 20,000 lbs. GVW (attach list including GVW):

*** Supplemental Truck Application must be completed (see below)**

2. Describe briefly the maintenance procedure conducted prior to and after rental:

3. Are maintenance records kept for each vehicle in fleet? Yes No
 If yes, explain:

4. Who performs the maintenance and repairs of vehicle fleet?

ADDENDUM A

MONTHLY EXPOSURE DATA – PAST THREE YEARS, PLUS CURRENT YEAR

TO
YEAR:

	Time & Mileage Gross Revenue	Average units
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

TO
YEAR:

	Time & Mileage Gross Revenue	Average units
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

TO
YEAR:

	Time & Mileage Gross Revenue	Average units
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

TO
YEAR:

	Time & Mileage Gross Revenue	Average units
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

13. List the names of your last five rental customers or five largest customers:
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
14. What types of cargo are hauled by your most frequent rental clients?
15. How often are your trucks serviced?
16. Does the Applicant keep records of each truck's maintenance history? Yes No
17. Does the Applicant employ mechanics to service your trucks? Yes No
 If yes, do you service any trucks that you do not own or lease? Yes No
18. Does the Applicant contract for service from a dealership or service company? Yes No
 If yes, what company?

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO ALASKA RESIDENTS APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

NOTICE TO ARKANSAS RESIDENT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO ARIZONA RESIDENTS APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO COLORADO RESIDENTS APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA RESIDENTS APPLICANTS: "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."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO LOUISIANA RESIDENTS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE RESIDENTS APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF NEW YORK APPLICANTS: "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."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "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."

RESIDENTS OF TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

Insured Signature Date

Title

Producer Signature Date