

INSURANCE INFORMATION FORM

<input type="checkbox"/>	CHANGE VEHICLE	 PHILADELPHIA INSURANCE COMPANIES <hr/> Philadelphia Insurance Companies	One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004	POLICY #:	ACCOUNT NUMBER:	
<input type="checkbox"/>	CHANGE OF LOCATION OR DRIVER					LESSEE UNIT NUMBER:
<input type="checkbox"/>	OTHER					

NAME AND COMPLETE ADDRESS OF LESSOR	NAMED INSURED LEASING COMPANY:	NAME AND COMPLETE ADDRESS OF LESSEE
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ADD THIS VEHICLE EFFECTIVE	DATE:	YEAR:	MAKE:	MODEL:	SERIAL NUMBER:	TRUCK (G V W):	STATED VALUE:
DELETE THIS VEHICLE EFFECTIVE	DATE:	YEAR:	MAKE:	MODEL:	SERIAL NUMBER:	LESSEE UNIT NO:	

THIS INSURANCE INFORMATION FORM NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE LIMITS, TERMS, OR CONDITIONS OF THE POLICIES OR CERTIFICATES.

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 LESSOR SHALL FAIL TO FORWARD COPIES HEREOF TO THE COMPANY WITHIN 10 DAYS AFTER LESSEE SHALL TAKE POSSESSION OF THE VEHICLE, COVERAGE SHALL BECOME EFFECTIVE AT 12:01 A. M. STANDARD TIME, THE DATE RECEIVED AT THE COMPANY.

NOTE: COMPLETION OF THIS DOCUMENT SHALL NOT CONSTITUTE VALID EVIDENCE OF INSURANCE UNLESS PROPERLY COUNTERSIGNED BELOW BY PHILADELPHIA INSURANCE COMPANIES. THE INSURANCE AFFORDED IS ONLY WITH RESPECT TO SUCH AND SO MANY OF THE FOLLOWING COVERAGES AS ARE INDICATED BY AN "X" IN THE FIRST COLUMN. THE LIMIT OF THE COMPANY'S LIABILITY AGAINST EACH SUCH COVERAGE SHALL BE SUBJECT TO ALL THE TERMS OF THE POLICIES HAVING REFERENCE THERETO.

AUTHORIZED AGENT	PHILADELPHIA INSURANCE COMPANIES ONE BALA PLAZA, SUITE 100 BALA CYNWYD, PA 19004 (610) 617-7900	IF APPLICABLE (X) <input type="checkbox"/>	LIMITS OF LIABILITY	BODILY INJURY	PER PERSON PER OCCURRENCE PROPERTY DAMAGE COMBINED SINGLE LIMIT	CO USE
CANCELLATION PROVISIONS	THE INSURANCE PROVIDED MAY BE CANCELLED BY THE COMPANY/COMPANIES BY DIRECT NOTICE TO THE NAMED INSURED STATED ABOVE IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY/POLICIES.	IF APPLICABLE (X) <input type="checkbox"/>	COLLISION	DEDUCTIBLES		CO USE
DATE	COUNTERSIGNATURE OF AUTHORIZED AGENT			COMPREHENSIVE		

THERE IS NO INSURANCE IN EFFECT ON THE ABOVE LISTED VEHICLE UNLESS ALL QUESTIONS BELOW ARE FILLED IN COMPLETELY AND THIS FORM SIGNED BY THE PRICIPAL DRIVER.

1. FULL NAME AND ADDRESS OF PRINCIPAL PERMISSIVE DRIVER	DATE OF BIRTH (MM-DD-YY)	% OF MILEAGE DRIVEN	# OF YEARS LICENSED	OPERATOR'S (DRIVER'S) LICENSE NUMBER AND STATE IN WHICH ISSUED	MARRIED (YES OR NO)	OCCUPATION
NAME						
STREET						
CITY						
ALL ADDITIONAL PERMISSIVE DRIVERS						
1.						
2.						
3.						

2. WITHIN THE LAST 3 YEARS HAS THE PRINCIPAL DRIVER NAMED IN ITEM 1. HAD ANY TRAFFIC VIOLATIONS OR ACCIDENTS? YES NO IF "YES" EXPLAIN IN REMARKS

3. DOES THE PRINCIPAL DRIVER OR ANY PERSON NAMED IN ITEM 1. HAVE ANY PHYSICAL IMPAIRMENT? (AMPUTATION, DEFORMITY, UNCORRECTED VISUAL OR HEARING DEFICIENCY, EPILEPSY, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN REMARKS	4. HAS THE PRINCIPAL DRIVER OR ANY PERSON NAMED IN ITEM 1. EVER HAD HIS LICENSE OR VEHICLE PLATES SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN REMARKS	5. HAS THE PRINCIPAL DRIVER OR ANY PERSON NAMED IN TIEM 1. EVER HAD AND AUTO POLICY, OR ANY OF ITS COVERAGES (A) CANCELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN REMARKS (B) IN ASSIGNED RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO (C) RENEWAL REFUSED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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6. HAS THE PRINCIPAL DRIVER OR ANY PERSON NAMED IN ITEM 1. EVER BEEN CONVICTED OF DRUNKEN DRIVING OR DRUG CHARGES? YES NO IF "YES" EXPLAIN IN REMARKS

7. ARE ALL DRIVERS U.S. CITIZENS? YES NO

REMARKS (IDENTIFY BY NUMBER)

IMPORTANT NOTICE MY SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE READ THE CONDITIONS CONTAINED ON THE REVERSE SIDE OF THIS FORM

**IMPORTANT:
READ
CAREFULLY**

LESSEE'S CERTIFICATION IN APPLYING FOR
INSURANCE COVERAGE UNDER LESSOR'S FLEET
AUTOMOTIVE POLICY

I hereby certify that my statements and declarations contained herein are true material facts and inducements offered to the Lessor's Insurance Company so as to persuade that Company to provide me and the additional permissive drivers listed herein insurance coverage under the Lessor's Commercial Fleet Automotive Policy. I recognize that knowingly supplying false information in this application or concealing or failing to supply material information is a crime and will make void, and I agree it will make void, any insurance coverage I obtain from Lessor's Insurance Company. I further understand that if the Lessor's Insurance Company will not insure me, it is entirely my obligation to obtain coverage elsewhere.

I understand and acknowledge that if I obtain insurance under the Lessor's Commercial Fleet Automotive Policy, the Lessor's Insurance will not provide any coverage under any circumstances for any driver whose driving license has been suspended or revoked and that the Lessor's Insurance will only provide coverage for me and the other additional permissive drivers listed herein. I know that no other driver will be covered by Lessor's Insurance. I also understand and agree that if I obtain coverage under Lessor's Insurance Policy I am not in any way, for any purpose, to be considered the Agent of the Lessor.

Signature of Prospective Lessee

Date