

## DAILY AUTO RENTAL APPLICATION

**1. NAME AND ADDRESS OF APPLICANT:**

Applicant Name: \_\_\_\_\_

D/B/A (if any): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Web Site: \_\_\_\_\_

Applicant is:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

We require the registered owner's:

Federal Employer Identification Number (FEIN) \_\_\_\_\_; or

State Customer Number for all vehicles \_\_\_\_\_.

**2. Year Business Started:** \_\_\_\_\_

Name of Owner(s)/Manager(s)/Risk or Claim Manager(s)	No. of Years in Rental Business	Positions Held/Company

3. Are any of the vehicles to be insured provided for personal use? .....  Yes  No

If yes, list drivers: \_\_\_\_\_

4. Is Drive Other Car Coverage needed for any owners or managers? .....  Yes  No

If yes, list: \_\_\_\_\_

**5.**

Location Addresses	No. of Cars	No. of Trucks	Manager	Type (Airport, Hotel, Retail)

(If more than three locations, use separate sheet to provide this information.)

6. Does applicant have operations other than short-term auto rentals (long-term leasing, used car sales, etc.)? .....  Yes  No

If yes, list: \_\_\_\_\_

12. TYPE OF RENTAL: Personal \_\_\_\_\_ % Military \_\_\_\_\_ % Business \_\_\_\_\_ % Corporate Acct. \_\_\_\_\_ % Insurance Replacement \_\_\_\_\_ % International Customers \_\_\_\_\_ %

What is the average length of rental? \_\_\_\_\_

Have you had any insurance canceled, declined or nonrenewed in the last three years? (not applicable in Missouri).....  Yes  No

If yes, explain: \_\_\_\_\_

Current Liability Limits: Owner: _____ Renter: _____ Corporate Acct.: _____ UM/UM: _____ PIP: _____ Requested Physical Damage: Yes No Comprehensive? <input type="checkbox"/> <input type="checkbox"/> Deductible Collision? <input type="checkbox"/> <input type="checkbox"/> Deductible Other: _____ Deductible	Requested Liability Limits: Owner: _____ Renter: _____ Corporate Acct.: _____ UM/UM: _____ PIP: _____ Requested Physical Damage: Yes No Comprehensive? <input type="checkbox"/> <input type="checkbox"/> Deductible Collision? <input type="checkbox"/> <input type="checkbox"/> Deductible Other: _____ Deductible
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11. CURRENT COVERAGE: Carrier: \_\_\_\_\_ Rating Basis: \_\_\_\_\_  
 Policy Period: \_\_\_\_\_ to \_\_\_\_\_ Rate: \_\_\_\_\_

10. Are you engaged in any of the following operations:  
 Long-Term (more than 12 months) Leasing?  Yes  No  
 Used Car Sales?  Yes  No  
 "Rent to Own" Rentals?  Yes  No  
 Motorcycle Rental?  Yes  No  
 Trailer Rentals?  Yes  No  
 Equipment Rental?  Yes  No  
 Motorhome Rental?  Yes  No  
 Dealership Sales or Service?  Yes  No  
 Recreational Vehicle Rental?  Yes  No

If yes, how are these operations insured? \_\_\_\_\_

9. Do you have any special contracts to provide vehicles for preferred customers (Military, Government, Corporate)?  Yes  No

If yes, please explain (including limits provided): \_\_\_\_\_

8. Do you check MVRs prior to hiring employees who may drive rental vehicles or shuttle buses?  Yes  No

7. Are any vehicles furnished for promotional, advertising or charitable use?  Yes  No

If yes, please provide details: \_\_\_\_\_

13. **ACTIVITY FOR PAST 12 MONTHS** (Time and Mileage Only):

	Receipts	No. of Cars	No. of Trucks		Receipts	No. of Cars	No. of Trucks
JAN				JUL			
FEB				AUG			
MAR				SEP			
APR				OCT			
MAY				NOV			
JUN				DEC			

Projection for next 12 months: Gross Receipts: \$ \_\_\_\_\_ Average Number of Units: \_\_\_\_\_

14. **EXPOSURE DATA:**

Previous Experience (Past Three Full Years Plus Current):

Policy Period	Gross Receipts	Average Number of Units		Carrier
		Cars	Trucks	

15. **COUNTER PRACTICES:**

Minimum Age: \_\_\_\_\_ Maximum Age: \_\_\_\_\_

Military Rental Requirements: \_\_\_\_\_

Percentage of Cash Rentals: \_\_\_\_\_ % Percentage of Credit Card Rentals: \_\_\_\_\_ %

Are credit cards required on all rentals? .....  Yes  No

Are additional drivers listed on rental agreement?.....  Yes  No

Are additional drivers' requirements same as renters'?.....  Yes  No

Is driving record questionnaire completed by renter?.....  Yes  No

Is MVR screening system used at counter? .....  Yes  No

Is renter's insurance information verified prior to rental?.....  Yes  No

Are vehicles used to carry passengers for hire?.....  Yes  No

Do you have a Counter Agent Training Program?.....  Yes  No

On local and cash rentals, do you verify employment, residence address and credit references?.....  Yes  No

Do you allow vehicles to be taken to Canada? .....  Yes  No

Do you allow vehicles to be taken to Mexico? .....  Yes  No

Are there any territorial restrictions? .....  Yes  No

If yes, describe: \_\_\_\_\_

Do you offer Supplemental Liability Insurance (SLI, LIS or RLI) to the renter?.....  Yes  No

If yes, what percentage of your rentals include SLI, LIS or RLI? ..... \_\_\_\_\_ %

Is coverage:  primary, or  excess? Name of Insurance Carrier: \_\_\_\_\_

Attach copy of coverage form.

Do you offer Collision Damage Waiver (CDW, LDW)? .....  Yes  No

If yes, what percentage of your rentals include CDW, LDW? ..... %

Do you pick up and/or deliver vehicles to renters? .....  Yes  No

**16. FLEET PROFILE AND MAINTENANCE (average number or percentage):**

Private Passenger: \_\_\_\_\_ Motorhomes: \_\_\_\_\_ Trucks: \_\_\_\_\_

Exotic: \_\_\_\_\_ Full-Size Vans: \_\_\_\_\_ Service Vehicles: \_\_\_\_\_

Pickups: \_\_\_\_\_ Cargo Vans: \_\_\_\_\_ Shuttle Buses: \_\_\_\_\_

Do you have a formal Fleet Maintenance and Safety Program? .....  Yes  No

If yes, attach a detailed description.

Do you keep maintenance records on all units? .....  Yes  No

Do you use a Service Checklist before each rental? .....  Yes  No

Is your storage lot secured? .....  Yes  No

Please describe: \_\_\_\_\_

\_\_\_\_\_

Do any of your vehicles have anti-theft devices or other special equipment? .....  Yes  No

Please describe: \_\_\_\_\_

\_\_\_\_\_

**17. FILINGS**

Are state filings required? .....  Yes  No

If yes, provide your docket number and base state: \_\_\_\_\_

Show exact name and address in which permits are to be issued: \_\_\_\_\_

\_\_\_\_\_

Are there any special requirements needed for City permits, Certificates of Insurance, oversize and/or overweight permits? .....  Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

The following information must be included with each application:

- (1) Copy of rental agreement and all addendums.
- (2) Current fleet list with year, make, model, VIN and state of vehicle registration.
- (3) Insurance company loss runs for current and prior three years.
- (4) Drivers List of all employees, including DOB and License number.
- (5) Attach any Loss Payees, Additional Insureds or Certificate Holders required.

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING**

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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

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.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.