



Policy Term: _____ to _____

Application for Rental Autos & Trucks

(Short Term: Hour, Day, and/or Week)

1. Applicant Name: _____

2. Applicant Address(es) *Include all that apply or indicate "Same" or "Not applicable."*

a. Business: _____
Number & Street City County State Zip Code

b. Mailing: _____
Number & Street City County State Zip Code

c. Garage: _____
Number & Street City County State Zip Code

3. Entity Information: Individual Limited Liability Company Partnership Corporation Other

a. Is this Applicant's primary business? Yes No

b. Is this a new operation? Yes No

c. Is operation for sale? Yes No

d. Is operation seasonal? Yes No

If not Applicant's primary business or if yes to any other questions in this section, explain.

4. Has this business entity ever operated under another name? *If yes, provide details.* Yes No

Name: _____

Number & Street City County State Zip Code

5. Contact for inspection: Name _____ Phone _____

6. Requested coverage period: From _____ to _____

7. Financial information: Estimated Financial Worth \$ _____

Gross Receipts Last Year \$ _____

Estimated This Year \$ _____

8. Has Applicant filed for bankruptcy within the last 5 years or does Applicant contemplate doing so? *If Yes, provide details.* Yes No

9. Has this entity/operation been insured previously? *If Yes, name insurance company(ies).* Yes No

Application for Rental Autos & Trucks

(Short Term: Hour, Day, and/or Week)

Description and Area of Operations

10. Number of short-term vehicles:

_____ Cargo Vans _____ Private Passenger Autos _____ Passenger Vans
_____ Semi-Trailers _____ Tractors _____ Trailers
_____ Trucks _____ Other: _____

11. Percentage of private passenger vehicles rented: _____ % Personal
_____ % Military
_____ % Commercial
_____ % Insurance Replacement

12. Are vehicles rented or leased for 1 month or more? *If Yes, provide rental/lease details.* Yes No

Units Rented 1 Month or More	To Whom Rented	Term of Rental or Lease
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Are vehicles ever rented or leased with drivers? *If Yes, provide driver(s) details.* Yes No

Driver Name	Age	License No.	Vehicle(s) Driven	Accidents*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Number of chargeable accidents during past 3 years.

14. Are rental/leasing agreements utilized? *If Yes, attach copy; if No, explain.* Yes No

15. What is average term of rental? _____ Hours Days Weeks Months

16. List general rules for selecting renters/lessees.

17. Minimum age of renters/lessees: _____ Additional drivers permitted? Yes No

Qualifications require for additional drivers: _____

18. Does Applicant require renters/lessees to disclose vehicle use and where it's to be driven? Yes No

19. Rental payments: _____ % Cash _____ % Credit

Method to qualify cash renters: _____

Application for Rental Autos & Trucks

(Short Term: Hour, Day, and/or Week)

20. Service used to obtain driver credit, driving, and criminal history: _____ N/A
21. Does Applicant furnish written procedures to all counter personnel? *If Yes, provide copy.* Yes No
22. Are required renters/lessees to name Applicant as additional insured for any vehicles rented or leased? *If No explain.* Yes No

23. Does Applicant require liability insurance from renters/lessees? *If No, explain.* Yes No

24. Does Applicant require a certificate of liability insurance or other evidence of liability insurance from renters/lessees? *If No, explain.* Yes No

25. Does Applicant rent or lease vehicles from others? *If Yes, explain.* Yes No

26. Are renters/lessees permitted to drop off vehicles at location other than pick-up location? Yes No
27. Is Applicant required to file evidence of insurance with any state or other regulatory authority? *If Yes, explain.* Yes No

28. Does Applicant operate its own repair shop? *If Yes, list type of repairs made.* Yes No

29. Does Applicant utilize pre-numbered contracts and/or rental/lease agreements? Yes No
30. Does Applicant have a written and set schedule for vehicle servicing? Yes No

Complete This Section for Commercial Vehicles Only

31. Percentage of business derived from renting vehicles to individuals hauling:
- a. Their own personal goods or effects _____%
 - b. Business goods or products _____%
32. Are vehicles rented to trucking firms (i.e. truckers hauling for hire)? Yes No If Yes, _____%
33. Are vehicles rented to be used to carry passengers for hire? Yes No
34. Are vehicles rented to hazardous material haulers? *If Yes, explain.* Yes No

Application for Rental Autos & Trucks

(Short Term: Hour, Day, and/or Week)

Previous Insurance Carrier and Loss Experience

35. Provide prior insurance carrier information for the past three years. List in order of most recent carrier first.

Policy Term		Insurance Company		Policy No.			
From	To						
No. of Motor-Powered Vehicles	No. of Accidents	Premium		Total Amount of Claims Paid & Reserves			
		Liability	Physical Damage				
				BI	PD	Coll	Other

Policy Term		Insurance Company		Policy No.			
From	To						
No. of Motor-Powered Vehicles	No. of Accidents	Premium		Total Amount of Claims Paid & Reserves			
		Liability	Physical Damage				
				BI	PD	Coll	Other

Policy Term		Insurance Company		Policy No.			
From	To						
No. of Motor-Powered Vehicles	No. of Accidents	Premium		Total Amount of Claims Paid & Reserves			
		Liability	Physical Damage				
				BI	PD	Coll	Other

36. Is Applicant aware of any facts, past incidents, circumstances, or situations which could give rise to a claim under the insurance coverage sought in this application? *If Yes, explain on separate sheet.* ... Yes No

Insurance Requirements and Schedule of Vehicles

37. Complete for desired coverages by indicating limits of insurance.

Combined Single Limit BI & PD	Liability			Single Limit	Uninsured Motorist		Medical Payments	Personal Injury Protection	Physical Damage
	Split Limits				Split Limits				Complete section below*, if Desired
	Bodily Injury		Property Damage		Bodily Injury				
	Per Person	Per Accident	Per Accident	Per Person	Per Accident				

*Liability limits for renters/lessees:

BI Per Person \$ _____ BI Per Accident \$ _____ PD Per Accident \$ _____

Or Combined Single Limit BI & PD \$ _____

Application for Rental Autos & Trucks

(Short Term: Hour, Day, and/or Week)

38. Schedule of vehicles to be covered. *If more than 5, duplicate this page as many times as required and attach.*

Vehicle No. ____	Year	Trade Name		Body Type ¹	Vehicle ID Number (VIN)			Town & State Principally Garaged		
	Anti-theft devices? (Yes/No)	Air bags? (Yes/No)	Licensed Weight ²	Anti-lock Brakes? (Yes/No)	Lift or Lift Gate? (Yes/No)	Dual Rear Axles? (Yes/No)	Estimated Annual Mileage	Maximum Radius of Operations (Miles)	Use Code ³	
Vehicle No. ____	Year	Trade Name		Body Type ¹	Vehicle ID Number (VIN)			Town & State Principally Garaged		
	Anti-theft devices? (Yes/No)	Air bags? (Yes/No)	Licensed Weight ²	Anti-lock Brakes? (Yes/No)	Lift or Lift Gate? (Yes/No)	Dual Rear Axles? (Yes/No)	Estimated Annual Mileage	Maximum Radius of Operations (Miles)	Use Code ³	
Vehicle No. ____	Year	Trade Name		Body Type ¹	Vehicle ID Number (VIN)			Town & State Principally Garaged		
	Anti-theft devices? (Yes/No)	Air bags? (Yes/No)	Licensed Weight ²	Anti-lock Brakes? (Yes/No)	Lift or Lift Gate? (Yes/No)	Dual Rear Axles? (Yes/No)	Estimated Annual Mileage	Maximum Radius of Operations (Miles)	Use Code ³	
Vehicle No. ____	Year	Trade Name		Body Type ¹	Vehicle ID Number (VIN)			Town & State Principally Garaged		
	Anti-theft devices? (Yes/No)	Air bags? (Yes/No)	Licensed Weight ²	Anti-lock Brakes? (Yes/No)	Lift or Lift Gate? (Yes/No)	Dual Rear Axles? (Yes/No)	Estimated Annual Mileage	Maximum Radius of Operations (Miles)	Use Code ³	
Vehicle No. ____	Year	Trade Name		Body Type ¹	Vehicle ID Number (VIN)			Town & State Principally Garaged		
	Anti-theft devices? (Yes/No)	Air bags? (Yes/No)	Licensed Weight ²	Anti-lock Brakes? (Yes/No)	Lift or Lift Gate? (Yes/No)	Dual Rear Axles? (Yes/No)	Estimated Annual Mileage	Maximum Radius of Operations (Miles)	Use Code ³	

¹Body Type: PPT Prvt. Pass. Type PIC UP Pick Up TNK TK Tank Truck FLT TR Flat Trailer
 JEEP Jeep BOM TK Boom Truck OTH TK Other Truck STK TR Stock Trailer
 PSS VN Pass. Van CRN TK Crane/Truck TRACT Tractor TNK TR Tank Trailer
 CRG VN Cargo Van DMP TK Dump Truck BX TR Box Trailer UTL TR Utility Trailer
 Other 1: _____ Other 2: _____ Other 3: _____ Other 4: _____

²Licensed Weight: Gross Vehicle Weight (GVW) weight of vehicle and load or Cross Combined Weight (GCW) weight of vehicles and load.

³Use Codes: RI Rented to Individuals RT Rented to Truckers ST Non-Rental Business Service Truck
 RB Rented to Businesses BA Non-Rental Business Auto O Other: _____

Application for Rental Autos & Trucks

(Short Term: Hour, Day, and/or Week)

39. Complete only if physical damage coverage is desired. "Vehicle No." should match Question 38.

Vehicle No. ____	Original Cost ¹	Mo/Yr Purchased	Purchase Cost	Value Excluding Equipment ²	Value of Equipment ³	Specified Causes of Loss		Collision	
						Amount of Insurance	Deductible	Amount of Insurance	Deductible
Vehicle No. ____	Original Cost ¹	Mo/Yr Purchased	Purchase Cost	Value Excluding Equipment ²	Value of Equipment ³	Specified Causes of Loss		Collision	
						Amount of Insurance	Deductible	Amount of Insurance	Deductible
Vehicle No. ____	Original Cost ¹	Mo/Yr Purchased	Purchase Cost	Value Excluding Equipment ²	Value of Equipment ³	Specified Causes of Loss		Collision	
						Amount of Insurance	Deductible	Amount of Insurance	Deductible
Vehicle No. ____	Original Cost ¹	Mo/Yr Purchased	Purchase Cost	Value Excluding Equipment ²	Value of Equipment ³	Specified Causes of Loss		Collision	
						Amount of Insurance	Deductible	Amount of Insurance	Deductible
Vehicle No. ____	Original Cost ¹	Mo/Yr Purchased	Purchase Cost	Value Excluding Equipment ²	Value of Equipment ³	Specified Causes of Loss		Collision	
						Amount of Insurance	Deductible	Amount of Insurance	Deductible

¹Original cost new of chassis, body, and equipment

²Value of vehicle excluding permanently attached special equipment

³Value of permanently attached special equipment

40. If Loss Payee(s) required, indicate for which vehicle(s), and name and address of Loss Payee(s). N/A

Vehicle No. ____	Loss Payee Name	Loss Payee Full Address
Vehicle No. ____	Loss Payee Name	Loss Payee Full Address
Vehicle No. ____	Loss Payee Name	Loss Payee Full Address

Application for Rental Autos & Trucks

(Short Term: Hour, Day, and/or Week)

This Application Must be Signed by the Applicant Personally

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increase the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspections of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that s/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed? Yes No *If Yes, by whom?* _____

Witness

Applicant Signature

Date

To Be Completed By Applicant's Representative