NA NA NA NA	TIONAL INDEMNITY COMPANY TIONAL FIRE & MARINE INSURANCE COMPANY TIONAL LIABILITY & FIRE INSURANCE COMPANY TIONAL INDEMNITY COMPANY OF THE SOUTH TIONAL INDEMNITY COMPANY OF MID-AMERICA			To:	
	Name of Applicant				
2.	a. Address of Applicant(Number) (Street)	(City)	(County)	(State)	(Zip Code)
	b. Address where vehicles are garaged if different than ad				
3.	Applicant is:  Individual  Partnership  Corp				
4.	Is this your primary business?   Yes No If no, e				
~					
	Coverage to be effective from				
	Person to contact for inspection (name and phone number				
	Is this a new operation? □ Yes □ No Is your operat	-			
8.	Has this business ever operated under any other name?	□ Yes □ No If yes, s	show previous	name and addres	SS
9.	Give estimate of financial worth \$ Gross red	ceipts last year	Estimate	e for coming year	
	Have you filed for bankruptcy within the last 5 years or do				
11.	Have you under this name or any other name been insure	d with any of the above-liste	d companies?	□ Yes □ No	If yes, explain:
10		ND AREA OF OPERATI	IONS		
12.	Number of Short-Term Rental Vehicles:	ND AREA OF OPERATI		Trailers	Trailers
12.	Number of Short-Term Rental Vehicles: Private Passenger Autos Pick-Ups T	ND AREA OF OPERATI	Semi-		
	Number of Short-Term Rental Vehicles: Private Passenger Autos Pick-Ups T Cargo Vans Passenger Vans Others	ND AREA OF OPERAT	Semi-		
	Number of Short-Term Rental Vehicles:         Private Passenger Autos Pick-Ups T         Cargo Vans Passenger Vans Others         Percentage of private passenger vehicles rented to: Pers	ND AREA OF OPERATI	Semi- y%		
13.	Number of Short-Term Rental Vehicles:         Private Passenger Autos Pick-Ups T         Cargo Vans Passenger Vans Others         Percentage of private passenger vehicles rented to: Pers	ND AREA OF OPERATI	Semi- y % %	Commercial _	%
13. 14.	Number of Short-Term Rental Vehicles: Private Passenger Autos Pick-Ups T Cargo Vans Passenger Vans Others Percentage of private passenger vehicles rented to: Pers Insu	IND AREA OF OPERATION         rucks Tractors         (specify)         sonal % Militar         wrance Replacement         INO If yes, submit details	Semi- y % % (which units, to	Commercial _	%
13. 14.	Number of Short-Term Rental Vehicles: Private Passenger Autos Pick-Ups T Cargo Vans Passenger Vans Others Percentage of private passenger vehicles rented to: Pers Insu Are any vehicles rented for 1 month or more? □ Yes □	IND AREA OF OPERATION         rucks Tractors         (specify)         sonal % Militar         irrance Replacement         INO If yes, submit details         If yes, attach complete li	Semi- y % % (which units, to	Commercial _	%
13. 14. 15.	Number of Short-Term Rental Vehicles: Private Passenger Autos Pick-Ups T Cargo Vans Passenger Vans Others Percentage of private passenger vehicles rented to: Pers Insu Are any vehicles rented for 1 month or more? □ Yes □ Are vehicles ever leased with drivers? □ Yes □ No	Ind AREA OF OPERATION         rucks Tractors         (specify)%         sonal %         mance Replacement         INO       If yes, submit details         If yes, attach complete lipse years.	Semi- y % % (which units, to	Commercial _	%
13. 14. 15. 16.	Number of Short-Term Rental Vehicles: Private Passenger Autos Pick-Ups T Cargo Vans Passenger Vans Others Percentage of private passenger vehicles rented to: Pers Insu Are any vehicles rented for 1 month or more? □ Yes □ Are vehicles ever leased with drivers? □ Yes □ No license number, and chargeable accidents during past three	Ind AREA OF OPERATION         rucks Tractors         (specify)%         sonal %         mance Replacement         INO       If yes, submit details         If yes, attach complete lipse years.	Semi- y % % (which units, to	Commercial _	%

# THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

19.	What is minimum age of persons permitted to rent vehicles? Are additional drivers permitted?  Yes No							
	If yes, how are they qualified?							
20.	Do you ask what the vehicle will be used for and where it will be driven? $\Box$ Yes $\Box$ No							
21.	Percent Cash Rental%       Percent Credit Card%       If cash rental, how do you qualify renter?							
	Do you use an on-line service giving subscribers credit, driving & criminal history? □ Yes □ No If yes, who?							
	Are written counter practice procedures furnished to all counter personnel?  Yes  No If yes, attach copy.							
24.	Are you named as additional insured on renter's policy on any vehicles rented?  Yes No Explain							
25.	Do you require liability insurance from the rentee?  Yes No Explain							
26.	Do you obtain a certificate of liability insurance on any vehicles rented? □ Yes □ No Explain							
27.	Do you rent or lease vehicles from others? □ Yes □ No If yes, explain							
	Are any vehicles rented on a "Rent It Here - Leave It There" basis? □ Yes □ No							
29.	Is applicant required to file evidence of insurance with any state regulatory authority or any other authority?  Yes No							
~~	If yes, specify							
30.	Do you have your own repair shop?  Yes No If yes, what kind of repairs are made?							
31.	Are rental contracts pre-numbered?  Yes No							
32.	How often are rental vehicles serviced?							
	MPLETE QUESTIONS 33-36 FOR COMMERCIAL VEHICLES ONLY							
33.	Percentage of business derived from renting vehicles to individuals hauling their own personal goods or effects%							
	Businesses %							
34.	Are vehicles rented to trucking firms (truckers hauling for hire)?  Yes No If yes,%							
35.	Will you rent vehicles to be used to carry passengers for hire?  Yes No							
36.	Are any vehicles rented to hazardous material haulers?  Yes No If yes, explain							

### PREVIOUS INSURANCE CARRIER AND LOSS EXPERIENCE

37. Provide prior insurance carriers information for past full three years. List in order with most recent carrier first.

	Policy	Term		Number of Motor Powered Vehicles	of	Prer	nium	Total Amount Claims Paid & Reserves			
F	From	То	Insurance Company Name			Liab	Phys Dam	BI	PD	Coll	Other
/											
/											
/		1 1									

- 38. Have you ever been declined, cancelled or non-renewed for this kind of insurance? 🗆 Yes 🛛 No 🛛 If yes, date and why \_\_\_\_\_\_
- 39. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? □ Yes □ No If yes, provide complete details \_\_\_\_\_\_

#### **INSURANCE NEEDS & SCHEDULE OF VEHICLES**

## 40. COMPLETE FOR DESIRED COVERAGES BY INDICATING LIMITS OF INSURANCE

Libbility         Uninsured Moderal Coverage         Underwarded Moderal Coverage         Spit Limits         Spit Limits         Program         Program <t< th=""><th colspan="3">Liability</th><th></th><th colspan="5">Uninsured Motorist Coverage</th><th>Un</th><th>deri</th><th>insure</th><th>ed Mo</th><th>otorist C</th><th>over</th><th>ade</th><th></th><th></th><th>Physical</th></t<>	Liability				Uninsured Motorist Coverage					Un	deri	insure	ed Mo	otorist C	over	ade			Physical		
Bit Projectify Single Unit B & PO         Bodily Injury         Property Protection Sector Below Injury         Prove Protection Sector Below Injury         Demage Protection Sector Below Injury           41         Image Protection Sector Below Injury         Sector Below Injury         Sector Below Injury         Sector Below Injury         Demage Protection Sector Below Injury         Demage Protection Secor Below Injury         Demage Protection Sector Below I							°											1		Damage	
Bit PD         Person         Accident         Person         Person         Accident         Accident         Person         Accident         S         Person         Accident			Bodily Injury Property						-	Property			Bodily		Injury	Р	roperty	Medica Paymen	Injury	Complete	
Auto         Per Person PD Per Accident         \$         BI Per Accident         \$           41. Liability limits for rentee:         BI Per Person PD Per Accident         \$         Or Combined Single Limit BI & PD \$           42. SCHEDULE OF AUTOS/VEHICLES TO BE COVERED (If more than 8, attach additional schedule with information below)         Article brocks         Article Lift or brocks         Article brocks         Article bro			Per Per			-	Limit		Per	Per	Per		t	Pe	er					Protectic	Below if
P2 Par Accident         S         Or Combined Single Limit B1 & PD S           42.         SCHEDULE OF AUTOS/VEHICLES TO BE COVERED (if more than 8, attach additional schedule with information below)           Auto         Trade Name         Body Type**         Serial No. (3) Vehicle ID No. (VIN)         Anti- Treft         Anti- Treft         Anti- tor No         Anti- Ves         An	<u> </u>	Per			Acci	dent		Pe	erson	Accident			Pe	Pers	son	Accide	nt A	ccident			Wanted
P2 Par Accident         S         Or Combined Single Limit B1 & PD S           42.         SCHEDULE OF AUTOS/VEHICLES TO BE COVERED (if more than 8, attach additional schedule with information below)           Auto         Trade Name         Body Type**         Serial No. (3) Vehicle ID No. (VIN)         Anti- Treft         Anti- Treft         Anti- tor No         Anti- Ves         An																					
P2 Par Accident         S         Or Combined Single Limit B1 & PD S           42.         SCHEDULE OF AUTOS/VEHICLES TO BE COVERED (if more than 8, attach additional schedule with information below)           Auto         Trade Name         Body Type**         Serial No. (3) Vehicle ID No. (VIN)         Anti- Treft         Anti- Treft         Anti- tor No         Anti- Ves         An	<b>11</b>	iability lin	mita	far rantaa						¢			וס	Dor	A	dont	¢				
42.       SCHEDULE OF AUTOS/VEHICLES TO BE COVERED (if more than 8, atta-t additional solutional solutiterational solutitereliterational solutiterati solutional solutit	41. L	lability lir	nits	for rentee	):					ծ Տ									& PD \$	_	
Auto No.         Year Model         Trade Name         Body Type**         Serial No. (S) Vehicle ID No. (VIN)         The fipures Vesion (NI         Air Vesion Vesion (NI         Lift Vesion (NI         Rear Vesion (NI         Estimate Vesion (NI         Manual Adults of Vesion (NI         Manual Vesion (NI         Manual Vesion (NI <td>42. <b>S</b></td> <td>CHEDU</td> <td>LE C</td> <td>OF AUTO</td> <td>S/VE</td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>low)</td>	42. <b>S</b>	CHEDU	LE C	OF AUTO	S/VE												-				low)
Auto No.         Year Model         Trade Name         Body Type*         Senial No. (S) Vehicle ID No. (VIN)         Difference Yes         Dags Verial         Lock Weight Yes         Lock Weight Yes         Lock Weight Yes         Lock Senial No. (S) Yes         Device Yes         Dags Vehicle ID No. (VIN)         Device Yes Yes         Dags Vehicle ID No. (VIN)         Device Yes Yes         Dags Vehicle ID No. (VIN)         Device Yes Yes         Dags Vehicle ID No. (VIN)         Dags Vehicle Vehicle ID No. (VIN)         Dags Vehicle ID No. (VIN)														\ir_							Maximum
No.         Wodel         Image of No         Vertical D NC. (Vin)         Yes         Yes         Yes         Yes         Yes         Yes         Yes         Yes         No.         Milage         Operations           1 <td< td=""><td></td><td></td><td></td><td>Trade Na</td><td>ame</td><td></td><td>Body Ty</td><td>/ne**</td><td></td><td></td><td></td><td></td><td>ba</td><td>ags</td><td></td><td>isea Br</td><td></td><td></td><td></td><td></td><td>Radius of</td></td<>				Trade Na	ame		Body Ty	/ne**					ba	ags		isea Br					Radius of
1         0	No.	Model		induo in	anno				hicle ID No	5. (VIN)	Yes	ΙY		Weig	gnt"	'es	Yes	Yes			
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*Licensed Weight – Gross Vehicle Weight (GVW) weight of vehicle and load or Gross Combined Weight (GCW) weight of vehicles and load. **Body Type: PT Priv. Pass. Type PIC UP Pick Up TNK TK Tank Truck FLT TR Flat Trailer Other (specify) JEEP Jeep BOM TK Boom Truck Other Truck STK TR Stock Trailer UTL TR Utility Trailer CRG VN Cargo Van DMP TK Dump Truck BX TR Box Trailer UTL TR Utility Trailer Truck TRACT Tractor Truck TRACT Tractor TNK TR Tank Trailer UTL TR Utility Trailer CGR VN Cargo Van DMP TK Dump Truck BX TR Box Trailer UTL TR Utility Trailer CGR VN Cargo Van DMP TK Dump Truck BX TR Box Trailer UTL TR Utility Trailer UTL TR Utility Trailer CGR VN Cargo Van DMP TK Dump Truck BX TR Box Trailer UTL TR Utility Trailer UTL TR Utility Trailer Truck Tractor Town & State Where Principally Garaged Use* Chassis, Body & Equipment Date Monty Frincipally Garaged Value of Chassis, Body & Equipment Value of Chassis, Collision Vehicle Excluding Attached Special Equipment Value of Insurance Value of Insuranc	7																				
*Licensed Weight – Gross Vehicle Weight (GVW) weight of vehicle and load or Gross Combined Weight (GCW) weight of vehicles and load. **Body Type: PT Priv. Pass. Type PIC UP Pick Up TNK TK Tank Truck FLT TR Flat Trailer Other (specify) JEEP Jeep BOM TK Boom Truck Other Truck STK TR Stock Trailer UTL TR Utility Trailer CRG VN Cargo Van DMP TK Dump Truck BX TR Box Trailer UTL TR Utility Trailer Truck TRACT Tractor Truck TRACT Tractor TNK TR Tank Trailer UTL TR Utility Trailer CGR VN Cargo Van DMP TK Dump Truck BX TR Box Trailer UTL TR Utility Trailer CGR VN Cargo Van DMP TK Dump Truck BX TR Box Trailer UTL TR Utility Trailer UTL TR Utility Trailer CGR VN Cargo Van DMP TK Dump Truck BX TR Box Trailer UTL TR Utility Trailer UTL TR Utility Trailer Truck Tractor Town & State Where Principally Garaged Use* Chassis, Body & Equipment Date Monty Frincipally Garaged Value of Chassis, Body & Equipment Value of Chassis, Collision Vehicle Excluding Attached Special Equipment Value of Insurance Value of Insuranc	8																				
CRG VN         Cargo Van         DMP TK         Dump Truck         BX TR         Box Trailer         UTL TR         Utlitty Trailer           Auto         No.         Town & State Where         Use*         Original Cost New of Colassis, Body & Equipment         Date         Date         Value of Vehicle         Value of Vehicle         Value of Excluding         Specified Causes of Loss         Collision           1         Use*         Original Cost New of No.         Date         Purchased         Cost         Specified Causes of Loss         Amount of Insurance         Deductible         Insurance         Deductible         Insurance         Deductible         Insurance         Deductible         Insurance		/ Type: P JI	PT EEP	Priv. I Jeep	⊃ass.	-	PI BC	C UP DM T	Pi K Bo	ck Up oom Truck	TNI OTI	< тк H ТК	Tanl Othe	k Tru er Tru	ick	FL ST	T TR K TR	Flat <sup>-</sup> Stoc	Trailer k Trailer	Other (spe	
Auto       Town & State Where       Use*       Original Cost New of Chassis, Body & Equipment       Date Purchased Mo/Yr       Value of Vehicle Purchased Mo/Yr       Value of Vehicle Support       Value of Vehicle Support       Special Causes of Loss       Collision         1       Image: Cost New of New Support       Image: Cost New of Chassis, Body & Equipment       Image: Cost New of Chassis, Body & Equipment       Image: Cost New of Cost New of Chassis, Body & Equipment       Image: Cost New of Cost New of Chassis, Body & Equipment       Image: Cost New of Cost New of Chassis, Body & Equipment       Image: Cost New of Cost New of Chassis, Body & Equipment       Image: Cost New of Cost New of Chassis, Body & Equipment       Image: Cost New of Cost New of Chassis, Body & Equipment       Image: Cost New of Cost New of Chassis, Body & Equipment       Image: Cost New of Cost New of Chassis, Body & Equipment       Image: Cost New of Cost New of Chassis, Body & Equipment       Image: Cost New of Cost New															ler						
Auto No.     Town & State Where Principally Garaged     Use*     Original Cost New of Chassis, Body & Equipment     Date Purchased Mo/Yr     Cost When Purchased     Vehicle Excluding Permanently Attached Special Equipment     Value of Permanently Attached Special Equipment     Loss     Collision       1				-				СС	MPLE	TE THESE	SPACE	SONLY	IF F	РНҮЗ	SICAL	DAMA	GE	COVER	AGE DE	SIRED	
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	8																				

 $^{*}$  Enter one or more of the following initials to indicate use of each auto. RI - Rented to Individuals - RT - Rented to Truckers

ST – Non-Rental Business Service Truck

RI – Rented to IndividualsRB – Rented to Businesses

BA – Non-Rental Business Auto O – Oth

43. ANY LOSS PAYEES? 
Yes No If y

uto O – Other (describe)

#### 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 increases 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 inspection 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 she/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, with whom						
Witness	Applicant's Signature	Date					
то	BE COMPLETED BY APPLICANT'S REP	RESENTATIVE					
Is this direct business to your office?	If not, explain						
Is this new business to your office?	If not, how long have you had the acco	ount?					
How long have you known applicant?		_					
REQUEST TO COMPANY GENERAL AGENT:							
Please quote     Please bind at earliest p	ossible date and issue policy						
□ Please issue policy effective	d by General Agent)	(Name of Person in Company General Agency's Office Binding Coverage)					
Applicant's Representative's Name and Address	Phone No.						