Application for Rental Autos & Trucks – Short Term

(Hour, Day or Week)

	Poli	cy Term From:	To:	
1	Name of Applicant			
	2. a. Address of Applicant(Number) (Street) (City	•	* *	(Zip Code)
	b. Address where vehicles are garaged if different than address of applic	cant		
	3. Applicant is: ☐ Individual ☐ Partnership ☐ Corporation			
4.	4. Is this your primary business? ☐ Yes ☐ No If no, explain			
	5. Coverage to be effective from to			
6.	Person to contact for inspection (name and phone number)			
7.	7. Is this a new operation? ☐ Yes ☐ No Is your operation currently fo	r sale? ☐ Yes ☐ No	Seasonal in nature	? □ Yes □ No
8.	8. Has this business ever operated under any other name? \square Yes \square No	If yes, show prev	rious name and addres	ss
9.	9. Give estimate of financial worth \$ Gross receipts last year	Est	timate for coming year	
	0. Have you filed for bankruptcy within the last 5 years or do you contemplate	te doing so? ☐ Yes	□ No If yes, provid	e details
10.				
	Have you under this name or any other name been insured with any of the	e above-listed compan	ies? □ Yes □ No	If yes, explain:
	Have you under this name or any other name been insured with any of the DESCRIPTION AND AREA O		ies? □ Yes □ No	If yes, explain:
11.	DESCRIPTION AND AREA O		ies? □ Yes □ No	If yes, explain:
11.	DESCRIPTION AND AREA O 2. Number of Short-Term Rental Vehicles:	F OPERATIONS		
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11.	DESCRIPTION AND AREA O 2. Number of Short-Term Rental Vehicles: Private Passenger Autos Pick-Ups Trucks Cargo Vans Passenger Vans Others (specify) 3. Percentage of private passenger vehicles rented to: Personal	F OPERATIONS Tractors S .% Military ment %	Semi-Trailers % Commercial __	Trailers %
11. 12. 14.	DESCRIPTION AND AREA O 2. Number of Short-Term Rental Vehicles: Private Passenger Autos Pick-Ups Trucks Cargo Vans Passenger Vans Others (specify) 3. Percentage of private passenger vehicles rented to: Personal Insurance Replace 4. Are any vehicles rented for 1 month or more? □ Yes □ No If yes, so	F OPERATIONS Tractors S .% Military ment %	Semi-Trailers % Commercial _ its, to whom, term of re	Trailers % ental or lease):
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19.	What is minimum age of persons permitted to rent vehicles? Are additional drivers permitted? ☐ Yes ☐ No													
	If yes, how are they qualified?													
				d wnere it will t Credit Card				l, how do	you qual	lify renter	?			
22.	2. Do you use an on-line service giving subscribers credit, driving & criminal history? ☐ Yes ☐ No ☐ If yes, who?													
23.	Are written	counter pra	ctice procedures furnish	ed to all coun	iter personr	nel? □ Ye	s □N	o If	yes, atta	ch copy.				
24.	Are you nar	ned as addi	itional insured on renter's	s policy on ar	ny vehicles	rented? [∃ Yes	□ No E	cplain					
25.	. Do you require liability insurance from the rentee? Yes No Explain													
26.	Do you obta	ain a certific	ate of liability insurance	on any vehicl	les rented?	□ Yes	□No	Expla	in					
27.	Do you rent	or lease ve	ehicles from others?	∕es □ No	If yes	, explain _								
28.	Are any veh	nicles rented	d on a "Rent It Here - Lea	ave It There"	basis? □	Yes □	No							
29.		=	file evidence of insurance	-	=	-	-	other au	thority?	□ Yes	□ No			
30.		-	repair shop? ☐ Yes [ade?						
31.	Are rental c	ontracts pre	e-numbered? ☐ Yes	□ No										
32.	How often a	are rental ve	ehicles serviced?											
СО	MPLETE QU	JESTIONS :	33-36 FOR COMMERCI	AL VEHICLE	S ONLY									
33.	Percentage	of business	s derived from renting ve	hicles to indiv	viduals hau	lling their o	own pers	onal good	ls or effe	cts		%		
	Businesses		%											
34.	Are vehicles	s rented to t	trucking firms (truckers h	auling for hire	e)? □ Yes	□ No	If yes	3,	%					
35.	Will you ren	t vehicles to	b be used to carry passe	ngers for hire	e? □ Yes	□ No								
36.	Are any veh	nicles rented	d to hazardous material l	naulers? 🗆 Y	∕es □ No	o If ye	es, explai	n						
			PREVIOUS IN	ISURANCE (CARRIER A	AND LOS	S EXPER	RIENCE						
37.	Provide pric	or insurance	e carriers information for	past full three	e vears. Lis	t in order v	with most	recent c	arrier firs	t.				
	Policy		Insurance Company	Policy	Number of Motor	Number	Premium				ns Paid &	Reserves		
	From	То	Name	Number	Powered Vehicles	of Accidents	Liab	Phys Dam	ВІ	PD	Coll	Other		
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	1 1	1 1												
38.	3. Have you ever been declined, cancelled or non-renewed for this kind of insurance? ☐ Yes ☐ No ☐ If yes, date and why													
39.	Is any appli	cant aware	of any facts or past incid	lents, circums	stances or	situations	which co	uld give r	se to a c	laim unde	er the ins	urance		
	coverage so	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

Combined Single Limit BI & PD Per Person Per Accident Pe	Liability				Uninsured Motorist Coverage											Physical Damage			
Single Limit			D - 40		Imits	Prop	perty			Split Limits			Pro	Property					Complete
## Accident Per Acc	_		Bodily	njury				Single Lin	nit	800			+			yment	^S P		Section
22 SCHEDULE OF AUTOS/VEHICLES TO BE COVERED (If more than 8, attach additional schedule with information below) Autonomic Vehicle D. No. (Vin) Vehicle D. No.			Per Person	Per Ac	cident	Per Accident			Pe	r Perso	n Per	Per Accident		Per Accident					Wanted
Part																			
22 SCHEDULE OF AUTOS/VEHICLES TO BE COVERED (If more than 8, attach additional schedule with information below) Autonomic Vehicle D. No. (Vin) Vehicle D. No.			l e		Б.			•				DI D			Φ.				
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Ricicensed Weight – Gross Vehicle Weight (GVW) weight of vehicles and load. **Body Type: PPT Priv. Pass. Type PIC UP Pick Up TKK TK Tank Truck STK TR Stock Trailer PSS VN Pass. Van CRN TK Crane/Truck TRACT Tractor TKK TK Tank Trulk STK TR Stock Trailer TRACT Tractor TKK TK Tank Trulk STK TR Stock Trailer UTL TR Utility Trailer UTL TR Utility Trailer UTL TR Utility Trailer UTL TR Utility Trailer SPACES ONLY IF PHYSICAL DAMAGE COVERAGE DESIRED **Town & State Where Principally Garaged** **No.** Principally Garaged** **Down & State Where Princi	6																		
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CRG VN Cargo Van DMP TK Dump Truck BX TR Box Trailer UTL TR Utility Trailer COMPLETE THESE SPACES ONLY IF PHYSICAL DAMAGE COVERAGE DESIRED Town & State Where Principally Garaged No. Town & State				•									ruck						
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Auto No. Principally Garaged Use* Cost New of Principally Garaged Use* Cost New of Chassis, Body & Equipment Purchased Mo/Yr Purchased Purchased Mo/Yr Purchased Special Equipment Purchased Special Equipment Purchased Special Equipment Purchased Special Equipment S							COI	MPLETE TH	HESE S	PACES	S ONLY	IF PHY	SICAL [AMAG	E CC	VERA	GE DI	ESIRED	
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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				+						1					-				
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RI - Rented to Individuals RT - Rented to Truckers ST - Non-Rental Business Service Truck	გ																		
RI - Rented to Individuals RT - Rented to Truckers ST - Non-Rental Business Service Truck	· Ente	er one or	more of the f	ollowing	initials	to indi	cate us	e of each a	uto.										
RB - Rented to Businesses BA - Non-Rental Business Auto O - Other (describe)	RI	- Ren	ted to Individu	ıals	RT	- F	Rented	to Truckers			ST -	Non-R	ental Bu	siness	Servi	ce Tru	ck		
43. ANY LOSS PAYEES? ☐ Yes ☐ No If yes, indicate for which vehicle(s) and give name and address of loss payees:																			

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.

··	ne has completed all relevant sections of the a Corporation, a corporate officer has sign	is Application prior to execution and that the Applicant has ned below).
Will premium be financed? □ Yes □ N	lo If yes, with whom	
	DEFRAUDING THE COMPANY. PEN	ISLEADING INFORMATION TO AN INSURANCE IALTIES INCLUDE IMPRISONMENT, FINES AND
Witness	Applicant's Signature	Date
	TO BE COMPLETED BY APPLICANT'S REF	PRESENTATIVE
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 acc	ount?
How long have you known applicant?		_
REQUEST TO COMPANY GENERAL AGEN	T:	
☐ Please quote ☐ Please bind at earlie		
☐ Please issue policy effective(Time and Date	Bound by General Agent) Coverage was bound by	(Name of Person in Company General Agency's Office Binding Coverage)
Applicant's Representative's Name and Address	Phone No.	