



AUTO DAILY RENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Complete Current Rental Agreement (front and back)
 - Vehicle Schedule showing Year, Make, Model and **complete Vehicle Identification Number (VIN)**
 - Currently valued insurance company loss runs for the current policy period plus three (3) prior years
 - Photograph – Each Location
 - List of Additional Insureds, Loss Payees, and Certificate Holders (with addresses)
 - For Property and General Liability proposal, attach specific ACORD applications*
- * These coverage lines, if applicable and meet underwriting guidelines will be written under a separate policy.

GENERAL INFORMATION

1. Applicant's Name:
2. Address:
P.O. Box:
City: State: Zip Code:
Telephone Number: Fax Number:
3. Website: www.
4. Billing contact name: Phone:
Name(s) of Principal(s):
Risk Management contact name: Phone:
5. Business is: Individual Partnership Corporation
FEIN:
6. Corporate system affiliation:
7. Number of years in rental business and background of owner and manager(s) [Start-ups, please include business plan and resume of owner and manager(s)]:
8. Is this a seasonal operation? Yes No
If yes, provide further details:
9. Number of company employees:
10. Are employees allowed personal use of vehicle fleet? Yes No
11. Does the Applicant secure a motor vehicle report on each employee? Yes No

12. List of employees

Name	Date of Birth	Driver's License Number

(For additional employees, please list employee information on a separate sheet and attach to application.)

13. Locations

Location Address (City, State)	Number of Cars	Number of Trucks (Over 10,000 lbs GVW)	Manager

APPLICANT'S OPERATIONS

1. Does the Applicant have operations other than short term Auto rentals?

(Please indicate all that are applicable)

"Rent to Own" Rentals	Long Term Leasing	Body Shop	Yes	No
Used Car Sales	Valet/Shuttle Service	Parking Facility	Repair Garage	
Motorcycle Rental	Motor Home Rental	Trailer Rental	Limo Service	
Recreational Vehicle Rental	Other (please specify):			

2. Will the Applicant rent vehicles used to carry passengers for hire?

Yes No

3. Does the Applicant knowingly rent to individuals or companies that will be operating the rental vehicle for use in a ride sharing or transportation network operation, such as, but not limited to, Uber, Uber X or Lyft?

Yes No

4. Will the Applicant be renting units using online peer to peer websites, such as, but not limited to Turo or GetAround?

Yes No

5. Does the Applicant rent vehicles for use to operations conducting "last mile delivery"?

Yes No

6. Does the Applicant use unattended rental kiosks, or have self-service/remote capability to rent vehicles including, but not limited, to virtual rental platforms, self-service rentals or remote by code rentals?

Yes No

If so, please provide complete details.

7. Are all vehicles in the fleet available for rent?

Yes No

8. Are all vehicles **titled** in the business name?

Yes No

9. Is the Applicant applying to insure vehicles other than those used for daily rental?

Yes No

If yes, explain (attach vehicle schedule for these units):

(Coverage under this policy may not apply to these units and may need to be covered under a separate policy)

COVERAGE INFORMATION

1. Current Carrier: _____ Current Rate: _____
 Rating Basis: _____ Policy Period: _____ to _____
 Method for premium calculation: _____
 Scheduled PCPM Gross Revenue Unscheduled PCPM
 Estimated gross revenue for the next twelve (12) months: \$ _____

2. Prior carrier information/exposure data: Previous experience (past three full years, plus current year).

Attach currently valued loss runs.

Have you ever been declined, cancelled or non-renewed for this kind of insurance? Yes No

Policy Period	Insurance Carrier	Average Number of Units		Time and Mileage Gross Revenue
		Cars	Trucks	
				\$
				\$
				\$
				\$

3. Has the Applicant ever had a liability deductible? Yes No
 If yes, when: _____ *Deductible:* _____

4. Limit of Liability

	Current Coverage	Desired Coverage (if same, write "same")
Owner:	\$	\$
Renter:	<i>State Statutory Limits</i>	<i>State Statutory Limits</i>
**Uninsured Motorist	\$	\$
**PIP	\$	\$
*Comprehensive (\$1,000 minimum deductible)	\$	\$
*Collision (\$1,000 minimum deductible)	\$	\$

*Pick and Choose basis? Yes No

If yes, number of units per year:

Other:

**Does the Applicant currently reject Uninsured Motorist coverage/stacking option and PIP when allowed by law? Yes No

5. If requesting Physical Damage Coverage, what security measures are taken to prevent theft?

BUSINESS/COUNTER PRACTICES

1. Describe the Applicant's hiring and training practices for new personnel:

2. Does the Applicant use a training manual? Yes No

3. How are employees paid?

4. Business hours:

5. Present counter practices: (brief description) **(Attach sample of each rental contract currently in use.)**

6. Age limitation, if any:

7. Rental customer:
 Type of rental (indicate % of your business in each category):

Personal	%	Business	%	Insurance Replacement	%
Military	%	Other (specify):			%

8. Percentage of rentals using corporate account credentials: %
 Are system corporate accounts afforded higher limits of liability? Yes No
 If yes, what limits are provided to corporate accounts?

9. Credentials: How does the Applicant qualify a renter?

10. How are additional authorized drivers qualified?
 Relationship:

11. How are military rentals qualified:

12. How are foreign drivers qualified?

13. Is there a place on the contract for renter's birth date? Yes No
14. Does the Applicant perform a signature comparison? Yes No
15. Does the Applicant verify a phone number on local rentals? Yes No
16. Are all rental contracts **secured** with credit cards? If not: Yes No
 What percentage of rentals contracts are secured with cash? %
 Explain counter procedures for accepting cash rentals:

17. Will the Applicant rent to someone using another person's credit card? Yes No
18. Does the Applicant rent without reservations? Yes No
19. Does the Applicant accept all reservations? Yes No
20. Does the Applicant ask where the vehicle will be driven and what its use will be? Yes No

- | | | |
|---|-----|----|
| 21. Does the Applicant require renter to provide proof of applicable insurance?
If yes, how does the Applicant qualify proof of insurance? | Yes | No |
| 22. Does the Applicant advertise?
If yes, where: | Yes | No |
| 23. Does the Applicant sell CDW (Collision Damage Waiver)? | Yes | No |
| 24. Does the Applicant sell SLI (Supplemental Liability Insurance) or a like product? | Yes | No |
| 25. Does the Applicant sell any other form of primary liability insurance?
If yes, explain: | Yes | No |

FLEET INFORMATION

1. Fleet description – average number or percentage (attach current fleet list):
- | | | |
|------------------------|------------------------------|-------------------------------|
| Full size: | Intermediates: | Compacts: |
| Luxury: | Service Vehicles: | Trucks*: |
| Cargo Vans: | Passenger Vans: | Number of Passengers: |
| Other: | | |
| Percentage of vehicles | Owned % | Leased % |

*Describe any units over 10,000 lbs. GVW (attach list including GVW):

*Describe any units over 20,000 lbs. GVW (attach list including GVW):

*** Supplemental Truck Application must be completed (see below)**

- | | | |
|--|-----|----|
| 2. Describe briefly the maintenance procedure conducted prior to and after rental: | | |
| 3. Are maintenance records kept for each vehicle in fleet?
If yes, explain: | Yes | No |
| 4. Who performs the maintenance and repairs of vehicle fleet? | | |

SUPPLEMENTAL TRUCK RENTAL APPLICATION

- | | | |
|--|-----|----|
| 1. Are all trucks available for rental? | Yes | No |
| 2. Does the Applicant use its trucks and drivers to haul cargo for the company or other companies? | Yes | No |
| 3. Does the Applicant rent any trucks that are: (check all that apply)
Tractor Trailers
Dump Trucks
Flat Bed or Stake Body
Refrigeration
Mobile Equipment
Dual Axel Drive
Tank Trucks
Petroleum Product Haulers
Waste Disposal or Hazardous Material Haulers
Passenger Vans | | |
| 4. Does the Applicant provide employees as drivers with rental trucks? | Yes | No |
| 5. Are any special drivers' licenses required to operate any trucks other than a private passenger license? If yes, describe: | Yes | No |
| 6. What percentage of rentals are to individuals? %
What percentage are rentals to businesses? %
Other:(describe) | | |
| 7. Does the Applicant require a driver test prior to rental? | Yes | No |
| 8. Does the Applicant require a certificate of insurance from the rentee providing primary rentee coverage? | Yes | No |
| Does the Applicant require the rentee's insurance carrier to name you as an additional insured? | Yes | No |
| 9. What is the <u>average</u> radius of haul of your rental trucks?
What is the <u>maximum</u> radius of haul of your rental trucks? | | |
| 10. Is the Applicant required to obtain PUC, ICC, FHWA or other filings as owner of rental trucks?
If yes, what jurisdictions must you file? | Yes | No |
| 11. What is the maximum limit of liability provided to rental clients: \$ | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/they are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE 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.

APPLICABLE IN MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN TENNESSEE, VIRGINIA 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.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO
OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)