

Auto Rental

INSURANCE PROGRAM

AUTO RENTAL SUPPLEMENTAL APPLICATION ATTACHED TO STATE SPECIFIC ACORD 137

UNDERWRITING INFORMATION

Date Completed: _____ Proposed Effective Date of Coverage: _____

1. Named Insured: _____
DBA: _____

2. Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Fed ID #: _____ Years in operation: _____

3. Type of Business (check all that applies):

Individual _____	Partnership _____	Corporation _____
Franchise Rental _____	Independent Rental _____	Auto Rental _____
New Car Dealer _____	Used Car Dealer _____	Truck Rental _____
Repair Shop _____	Other _____	

4. List all locations:

Street	City	State/Zip	Manager
a. _____			
b. _____			

5. Are there any business operations other than rental at these locations? Yes ___ (please list) No ___

a. _____

b. _____

6. Name(s) of principal(s):

Name	Years experience	Position
a. _____		
b. _____		

Has any principal ever been affiliated with any other auto/truck rental company? Yes _____ No _____

If yes, explain in detail _____

7. Activity for Past 12 Months (time and mileage only for gross receipts)

Gross Receipts	# of Vehicles	Gross Receipts	# of Vehicles
Jan _____		July _____	
Feb _____		Aug _____	
Mar _____		Sep _____	
Apr _____		Oct _____	
May _____		Nov _____	
June _____		Dec _____	

8. Year to date Gross Receipts: _____ Average Units: _____
Projected Gross Receipts next 12 months: _____ Projected Units: _____

PRIOR COVERAGE INFORMATION:

9. **Liability:**

Current Carrier: _____ Current Rate: _____
Effective Date of Policy: _____ Expiration Date of Policy: _____
Current Limit Owner: _____ Renter: _____
Has applicant ever had a liability deductible? _____
If yes when was deductible in place and how much was the deductible? _____

10. **Physical Damage:**

Current Carrier: _____ Current Rate: _____
Current Deductibles Comprehensive: _____ Collision: _____

11. If requesting physical damage do you have any security measures in place to prevent Theft? _____
If yes please explain.

12. **Uninsured/Underinsured Motorist:**

Do you currently reject Uninsured/Underinsured Motorist Coverage when allowed by law? _____

13. **Personal Injury Protection:**

Do you currently reject PIP coverage when allowed by law? _____

14. Previous experience (3 full years prior to current coverage shown above):

Policy Period	Gross Receipts	Avg # of units	Carrier
a. _____			
b. _____			
c. _____			

15. Besides your Auto Rental Fleet insurance, do you have any other automobile or garage insurance?

If yes, please describe coverage:

Type of Coverage	Insurance Co.	Policy	Eff/Exp Date	Seek Quote? Yes / No
a. _____				
b. _____				

16. Has your commercial rental insurance ever been canceled or non-renewed for any reason? Yes _____ No _____

If yes please explain circumstances behind cancellation or non-renewal: _____

COUNTER PROCEDURES AND RENTER QUALIFICATIONS:

17. Type of Rentals (%):

Business: _____ Pleasure: _____ Insurance Replacement: _____
Corporate Accounts: _____ Military: _____ Other (describe): _____

18. What Percentage of your business requires Corporate Limits? _____

Corporate limits required? _____

19. Do you have any age limitation? Yes _____ No _____

If yes, Min Age: _____ Max Age: _____

20. Please explain renter qualification procedure. _____

21. Are Additional Renters qualified the same as the Primary Renter? Yes _____ No _____

22. Do you have a rank limitation for military Renters? Yes _____ No _____

If yes, what is minimum rank required? _____

23. What are the qualifications for Foreign Renters? _____

24. Do you require an International Drivers License on Foreign Drivers? Yes _____ No _____

25. What percentage of rentals is: Cash _____ Credit Card _____

26. What are the qualifications for Cash Renters? _____

27. What Credit cards are acceptable? _____

28. Do you rent to someone using another's credit card? Yes _____ No _____

29. Do you compare Signatures at the Counter? Yes _____ No _____

30. Do you ask the purpose of each Rental? Yes _____ No _____

31. Do you ask where your vehicles are traveling? Yes _____ No _____

32. Do you allow your vehicles to leave your state? Yes _____ No _____

33. Is renter's driving record questioned at the counter? Yes _____ No _____

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

35. Is renters insurance verified at counter? Yes _____ No _____

36. Do you verify phone and address at counter? Yes _____ No _____

37. Do you verify employment at the counter? Yes _____ No _____

38. Do you rent for more than 30 days? Yes _____ No _____

If yes describe procedures and qualifications for 30-day rentals. _____

39. Do you rent vehicles used to carry passengers for hire? Yes _____ No _____

40. Do you allow after hours drop-offs? Yes _____ No _____

If yes, please describe Drop-off Procedures:

41. Do you "Rent to own" any of your vehicles? Yes _____ No _____

42. Do you allow one-way rentals? Yes _____ No _____

If yes, please provide one-way procedures:

43. Do you currently use auto rental software? Yes _____ No _____

If Yes, what system do you use: _____

If No, are you planning on purchasing software in the upcoming year? Yes _____ No _____

44. Would you like information on auto rental software? Yes _____ No _____

45. If you do not use software are your rental contracts numbered? Yes _____ No _____

46. If you do not use software, what safeguards are in place to protect yourself from unauthorized rentals and invalid coverage entry? _____

FLEET INFORMATION

47. Fleet Profile (average number or percentage):

Private Passenger _____ Mini-vans _____ Exotic _____

Trucks (specify GVW) _____ 15 Pass Vans _____ Pick-ups _____

Service Vehicles _____ Cargo Vans _____ Shuttles _____

Other (specify) _____

48. Do you hold any vehicles that are to be insured but not available for rent? Yes _____ No _____

If yes, please list and explain these vehicles:

49. Describe maintenance procedures: _____

50. Are maintenance records kept for each fleet vehicle? Yes _____ No _____

51. Who performs the maintenance and repairs on your vehicles? _____

52. Do you check insurance information on all your vendors? Yes _____ No _____

53. Do you perform a walk-around prior to and after rental? Yes _____ No _____

EMPLOYEE INFORMATION

54. Are employees allowed personal use of fleet vehicles? Yes _____ No _____

If yes, do you execute a rental agreement for after hours travel? Yes _____ No _____

55. Do you check MVRs prior to hiring new employees? Yes _____ No _____

56. What controls, if any, are in place to monitor employee driver safety? _____

57. Does your company have a formal drug-testing program? Yes _____ No _____

58. Is there a counter-worker Rental training program? Yes _____ No _____

Please describe training procedures.

COUNTER PRODUCTS (THIS COVERAGE MAY NOT BE AVAILABLE IN YOUR STATE)

59. Do you offer Supplemental Liability Insurance? Yes _____ No _____

Current Carrier _____ Current SLI Rate _____

What % of your rentals includes SLI? _____% Average # of SLI rental days per month _____

Have you ever had any SLI losses? Yes _____ No _____ Explain _____

60. Do you offer Collision Damage Waiver (CDW)? Yes _____ No _____

If Yes, what percentage of your rentals includes CDW? _____%

If Yes, what percentage of your CDW rentals is Cash rentals _____%

61. Do you offer Personal Accident/Effects Coverage Yes _____ No _____

Current Carrier _____ Current PAI Rate _____

What % of your rentals includes PAI? _____% Average # of PAI rental days per month _____

Have you ever had any PAI losses? Yes _____ No _____ Explain _____

62. Does your state require a limited license? Yes ___ No ___ Are you currently licensed? _____

If requesting a quote for SLI or PAI/PEI, attach a copy of your current state license when required.

63. Is there a counter-worker training program for Counter Products? Yes _____ No _____

ATTACHMENTS

Please include the following with this application:

- A. Copy of all current rental agreements (front & back) and all addendums
- B. Current vehicle schedule showing Year, Make, Model and VIN
- C. Four (4) Years, Hard Copy loss runs valued within the past two (2) months
- D. Maintenance Schedule Form

REFERENCES

Bank Reference	Bank Contact	Account Number	Phone Number
_____	_____	_____	_____
Vendor Reference	Vendor Contact	Account Number	Phone Number
_____	_____	_____	_____
Credit Card Reference		Credit Card Number	Expiration Date
_____		_____	_____

HAVE YOU OR A COMPANY YOU HAVE OWNED EVER FILED FOR BANKRUPTCY?

Yes _____ No _____ If yes, please explain circumstances:

This application may not be used to bind coverage and no coverage commences: Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. Coverage will commence only upon the effective date of a separate contract binding insurance coverage issued by an agent authorized by the company.

Signature: I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company. In addition I authorize any prior insurance carrier to release underwriting and claim information to GMI for the purposes of qualifying my business for the coverage requested.

Principals Signature: _____ Date: _____

Principals Signature: _____ Date: _____

Applicants Signature: _____ Date: _____

Applicants Title: _____

Agents Signature: _____ Date: _____