

U.S. CHOICE AUTO RENTAL SYSTEMS, INC.
P.O. Box 701 - Valley Forge, PA 19482
Phone 866-492-9713 Fax 610-933-4993 www.uschoicerac.com

U.S. CHOICE AUTO RENTAL SYSTEM APPLICATION & AGREEMENT

System Sales Representative: _____ Expiration/Renewal Date: _____
 Referral Source: _____ Date Quote Needed: _____

Section One: Current Business Information

Business Name: _____
 DBA: _____
 Owner's Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone #: _____ Fax #: _____
 Email Address: _____
 Website: _____
 Contact Name & Title: _____
 Year Current Business was Established: _____ Federal EIN#: _____
 Type of Business: Individual Corporation Partnership LLC Limited Other _____
 Proposed Rental Car Business Name: _____

Owners, Officers & Managers: *(attach additional sheets if needed)*

Full Name	Title	Years with Firm	% Own	Active?

Location/Address *(attach separate sheet for additional locations)*

#	Location Address	City	State	Zip	# Cars for Upcoming Years
1.					
2.					
3.					

- Do you plan to open any additional locations within the next 12 months? Yes No
 If yes, where and when? _____

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Business Operations (Indicate percentage of each in relation to total operation)

%	New Car Sales		%	Repossessions		%	Gasoline Sales
%	Used Car Sales		%	Auto Leasing/RTO		%	Propane Sales
%	Consignment Sales		%	Truck Rental		%	Mini-Mart Operation
%	Auto Body Work		%	Towing Service		%	Auto Rental
%	Auto Repair Work		%	Auto Parts Sales		%	Tire Sales
%	Vehicle Storage Lot		%	Park & Fly Operations		%	Trailer Sales

Are there any other business names, entities, corporations or interests not listed above? Yes No

If yes, please list them and explain: _____

Do you have any business insurance currently in force? Yes (If yes, complete below) No

#	Type	Company	Liability Limit	Expiration Date
1.				
2.				

Do you have any other fleet operations insured elsewhere? Yes (If yes, list and explain) No

Have you ever owned / operated a rental agency? Yes (If yes, list and explain) No

Section Two: – Counter Procedures

- Will you use the system rental agreement? Yes No (If no, the rental agreement must be attached)
- Will additional renters always be listed on the rental agreement? Yes No
- Will additional renters be qualified the same as the primary renter? Yes No
- I have received the SYSTEM counter procedure guidelines and I agree to adhere to the guidelines with the exception of the following: _____

I agree to follow the SYSTEM counter procedures without any exceptions.

► _____
Signature Title Date

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Section Three: Types of Rentals

Business: _____% Military: _____% Insurance Replacement: _____%
Pleasure : _____% Cash: _____% Credit Card: _____%

Section Four: Fleet Profile

Total # of Rental Units: _____

Private Passenger: _____% Mini-vans: _____% Service Vehs: _____%
Exotic/High Value: _____% 15 Pass Vans: _____% Trucks: _____%
Cargo Vans: _____% Pick-ups: _____% Shuttles: _____%
Other (specify) _____%

Describe any measures you take to protect vehicles (i.e. stored inside when not rented, Lojack):

Section Six: Autos Not Available for Rent

- Will any rental autos be used personally by officers, employees, friends or family? Yes No
- Will employees use their own autos for business use? Yes No
- Is there any transportation of customers to or from rental locations? Yes No
- Is there any towing or transportation of rental units? Yes No
- Is there any lending of vehicles to other rental operations? Yes No
- Are there any one-way rentals? Yes No
- Please explain any 'Yes' answers: _____

Section Seven: Vehicle Maintenance Procedures

What maintenance procedures are in place on the vehicles? _____

What repairs, if any, will the insured do on their vehicles? _____

Section Eight: Statements

Have you ever declared bankruptcy? Yes (If yes, please explain) No

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 purpose of qualifying my business for the coverages requested.

▶ _____
Applicant's Name - Please Print

▶ _____
Applicant's Signature Title

▶ _____
Producer's Signature Date

MEMBERSHIP AGREEMENT

This membership agreement (“agreement”) is being entered into between U.S. Choice Auto Rental Systems, Inc. (“USCARS”) (“we” or “us”) and

_____ (“you” or “member”)
(Business Name)

(Address)

(City, State, Zip Code)

Each USCARS member will hold to these principles:

- A. Make available to the public, the best and most economical rentals possible.
- B. Use safe, clean, new or used vehicles.
- C. Rent no vehicles more than 10 years old unless approved in writing from USCARS.
- D. Give above average friendly, courteous service to all customers.
- E. At all times maintain the utmost integrity.

1.

In the vehicle rental business, insurance is the most important service. As a member of USCARS, you must always adhere to our loss prevention and counter procedure manual that we provide for you.

1.1

At any time, if in the sole judgment of USCARS, you have not maintained an acceptable loss history or are in default of any part of this agreement with us, we may declare this agreement terminated. At this time you will pay all monies due us and the insurance carrier.

1.2

USCARS will have the right, at any time, to replace, modify, or terminate insurance and reserves the right to change one or more of the carriers. CONVERSION and uninsured motorist coverage is not afforded in our policy unless required by state law.

2.

Upon receipt of a properly signed agreement and required payment, we will contact the insurance carrier to verify that insurance coverage can be written for you. Payment is nonrefundable unless coverage is rejected by the insurance company. If rejected, payment will be refunded within fifteen (15) working days from the date of rejection.

3.

Members may resign by submitting a thirty (30) day written resignation to the corporate office of U.S. Choice Auto Rental Systems. Upon resignation you will pay all monies due USCARS and the insurance carrier. Insurance will be cancelled.

3.1

After resignation or termination, you agree that you will not use the name U.S. CHOICE AUTO RENTAL, CHOICE AUTO RENTAL, USCARS or rental forms, signs and any other medium that might be indicative of U.S. Choice Auto Rental.

4.

Rental vehicles must be prepared for use according to the written procedures that we provide for you. High performance cars, vans over 12 passenger and off-road vehicles will not be accepted unless written authorization is obtained from the corporate office.

5.

NO PERSON LESS THAN 21 YEARS OF AGE MAY RENT OR OPERATE YOUR RENTAL VEHICLES.

5.1

USE OF U.S. CHOICE AUTO RENTAL SYSTEMS APPROVED RENTAL AGREEMENTS IS MANDATORY: NO EXCEPTIONS!

6.

When the insurance carrier approves the application, you will be given all the necessary materials to begin operation (rental agreements, counter procedure manual etc.). After receiving the startup package, the member will call the office of USCARS for instructions. We have a toll free number for you to call during regular business hours, 9:00 to 5:00 North Carolina time. Since tax and license laws vary from state to state, it will be necessary for you to consult with your local and state agencies about these matters.

INDEMNIFICATION

The member agrees to indemnify, defend and hold harmless, U.S. Choice Auto Rental Systems, Inc., its affiliated companies, successors, assigns, directors, officers, trustees, employees and agents from any and all fines, judgments, settlements, penalties and expenses of litigation incurred or imposed on USCARS arising from the member's business. USCARS shall not be liable to the member, the member's customers or creditors for any claim arising from or related to any insurance coverage or for any insurance company's refusal to pay any claim filed by the member or any other claimant. This indemnity continues after resignation or termination.

This agreement has been executed as an agreement made in the state of North Carolina and it shall be construed in accordance with and governed by the laws of the state of North Carolina. Any legal procedures with respect to this agreement shall be brought only in a court of competent jurisdiction in Rowan County, North Carolina.

You represent that you have read this agreement in its entirety and that you have been given the opportunity to clarify any provisions and information that you did not understand. You further represent that you understand the terms, conditions and obligations of this agreement and agree to be bound thereby.

(Printed Name of Company)

(Printed Name of Authorized Officer)

(Authorized Signature) Date ____ / ____ / ____

(Printed Name of USCARS Representative)

(Signature of Representative) Date ____ / ____ / ____