

# Application for Rental Autos & Trucks – Short Term

(Hour, Day or Week)



Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_
2. a. Address of Applicant \_\_\_\_\_  
(Number) (Street) (City) (County) (State) (Zip Code)
- b. Address where vehicles are garaged if different than address of applicant \_\_\_\_\_
3. Applicant is:  Individual  Partnership  Corporation
4. Is this your primary business?  Yes  No If no, explain: \_\_\_\_\_  
 \_\_\_\_\_ Years experience in this business? \_\_\_\_\_
5. Coverage to be effective from: \_\_\_\_\_ to: \_\_\_\_\_
6. Person to contact for inspection (name and phone number) \_\_\_\_\_
7. Is this a new operation?  Yes  No Is your operation currently for sale?  Yes  No Seasonal in nature?  Yes  No
8. Has this business ever operated under any other name?  Yes  No If yes, show previous name and address: \_\_\_\_\_  
 \_\_\_\_\_
9. Give estimate of financial worth \$ \_\_\_\_\_ Gross receipts last year? \_\_\_\_\_ Estimate for coming year? \_\_\_\_\_
10. Have you filed for bankruptcy within the last 5 years or do you contemplate doing so?  Yes  No If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_
11. Have you under this name or any other name been insured with any of the above-listed companies?  Yes  No If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

## DESCRIPTION AND AREA OF OPERATIONS

12. Number of short term rental vehicles:  
 Private Passenger Autos \_\_\_\_\_ Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-trailers \_\_\_\_\_ Trailers \_\_\_\_\_  
 Cargo Vans \_\_\_\_\_ Passenger Vans \_\_\_\_\_ Others (specify) \_\_\_\_\_
13. Percentage of private passenger vehicles rented to: Personal? \_\_\_\_\_ % Military? \_\_\_\_\_ % Commercial? \_\_\_\_\_ %  
 Insurance Replacement? \_\_\_\_\_ %
14. Are any vehicles rented for 1 month or more?  Yes  No If yes, submit details (which units, to whom, term of rental or lease)  
 \_\_\_\_\_
15. Are vehicles ever leased with drivers?  Yes  No If yes, attach complete list of drivers, vehicle(s) they drive, age of driver, license number, and chargeable accidents during past three years.
16. **Leasing Agreements:** Attach copy of each type of rental or lease agreement used.
17. What is average term of rental? \_\_\_\_\_ days
18. What are your rules for selecting renters or lessees? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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?  Yes  No
21. Percent cash rental? \_\_\_\_\_ % Percent credit card? \_\_\_\_\_ % If cash rental, how do you qualify renter? \_\_\_\_\_
22. Do you use an on-line service giving subscribers credit, driving & criminal history?  Yes  No If yes who? \_\_\_\_\_
23. 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: \_\_\_\_\_
28. 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 prenumbered?  Yes  No
32. How often are rental vehicles serviced? \_\_\_\_\_

**COMPLETE 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		Insurance Company Name	Policy Number	Number of Motor Powered Vehicles	Number of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To					Liab	Phys Dam	BI	PD	Coll	Other
/ /	/ /										
/ /	/ /										
/ /	/ /										

38. Have you ever been declined, canceled or nonrenewed 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**

Liability			Uninsured Motorists				Underinsured Motorists			Medical Payments	Personal Injury Protection	Physical Damage Complete section below if wanted
Combined Single Limit BI & PD	Split Limits			Single Limit Each Accident	Split Limits		Single Limit Each Accident	Split Limits				
	Bodily Injury		Property Damage		Each Person	Each Accident		Each Person	Each Accident			
	Each Person	Each Accident	Each Accident									

41. Liability limits for rentee: BI each person \$ \_\_\_\_\_ BI each accident \$ \_\_\_\_\_  
 PD each 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)**

Auto No.	Year Model	Trade Name	Body Type**	Serial No. (S) Vehicle ID No. (VIN)	Anti-Theft Devices Yes or No	Air-bags Yes or No	Licensed Weight*	Anti-Lock Brakes Yes or No	Lift or Lift Gate Yes or No	Dual Rear Axles Yes or No	Estimated Annual Mileage	Maximum Radius of Operations (miles)
1												
2												
3												
4												
5												
6												
7												
8												

\*Licensed Weight – Gross Vehicle Weight (GVW) weight of vehicle and load or Gross Combined Weight (GCW) weight of vehicles and load.

\*\*Body Type: PPT Priv. Pass. Type PIC UP Pick Up TNK TK Tank Truck FLT TR Flat Trailer Other (Specify) \_\_\_\_\_  
 JEEP Jeep BOM TK Boom Truck OTH TK Other Truck STK TR Stock Trailer \_\_\_\_\_  
 PSS VN Pass. Van CRN TK Crane/Truck TRACT Tractor TNK TR Tank Trailer \_\_\_\_\_  
 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**

Auto No.	Town & State Where Principally Garaged	Use*	Original Cost New of Chassis, Body & Equipment	Date Purchased Mo/Yr	Cost When Purchased	Value of Vehicle Excluding Permanently Attached Special Equipment	Value of Permanently Attached Special Equipment	Specified Causes of Loss		Collision	
								Amount of Insurance	Deductible	Amount of Insurance	Deductible
1											
2											
3											
4											
5											
6											
7											
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  
 RB - Rented to Businesses BA - Non-Rental Business Auto O - Other (describe) \_\_\_\_\_

43. **ANY LOSS PAYEES?**  Yes  No If yes, indicate for which vehicle(s) and give name and address of loss payees: \_\_\_\_\_

## SELECTION OF LIMITS FOR UNINSURED/UNDERINSURED MOTORISTS COVERAGE (Virginia)

Virginia Insurance Code Section 38.2-2206 provides that policies of insurance which provide bodily injury or property damage liability insurance relating to the ownership, maintenance or use of a motor vehicle issued or delivered in the Commonwealth of Virginia must provide Uninsured motor vehicle coverage in limits not less than \$25,000 because of bodily injury to or death of one person in any one accident and \$50,000 because of bodily injury to or death of two or more persons in any one accident, and \$20,000 because of injury to or destruction of property of others in any one accident. Such policies must also provide coverage for bodily injury or property damage caused by the operation or use of an Underinsured motor vehicle.

Under Virginia law, the limits of Uninsured/Underinsured motorist coverage must equal the limits of the liability insurance provided by your policy unless additional coverage is rejected by any one named insured. Therefore, if you purchase liability insurance in amounts greater than the state mandated minimum limits of \$25,000/50,000/20,000, your Uninsured/Underinsured motorist coverage limits will equal these greater limits.

If you purchase liability insurance limits in excess of \$25,000/50,000/20,000 you may reject the increased limits of Uninsured/Underinsured motorist coverage. If you reject the increased limits of Uninsured/Underinsured motorist coverage you must at a minimum purchase the state-mandated limits of \$25,000/50,000/20,000. You may also choose to purchase Uninsured/Underinsured motorist coverage limits in excess of the state-mandated minimum amount yet less than your liability insurance limits. Ask your producer for coverage limits offered.

The rejection of the additional limits of Uninsured/Underinsured motorist insurance by any one named insured is binding on all insureds under such policy.

In accordance with the Virginia law, the undersigned insured (and each of them):

**(Applicable item marked )**

- Selects Uninsured/Underinsured motor vehicle coverage limits in the amount of \$25,000/50,000/20,000. These are the lowest coverage limits which may be purchased by law.
- Selects Uninsured/Underinsured motor vehicle coverage limits which are **lower** than the liability limits under the policy but higher than the state-mandated minimum limits. Selected limits for Uninsured/Underinsured motorist coverage are:

(Enter limits if a separate limit of liability applies)

\$ \_\_\_\_\_ Bodily Injury each person  
\$ \_\_\_\_\_ Bodily Injury each accident  
\$ \_\_\_\_\_ Property Damage each accident

(Enter limit if a single limit of liability applies)

\$ \_\_\_\_\_ Each accident

### MEDICAL EXPENSE AND INCOME LOSS BENEFITS SELECTION

**Medical Expense Benefits** - Choose one:

- Reject**
- Accept**      If accepting, choose one:     \$500     \$1000     \$2000     \$5000

**Income Loss Benefits** - Choose one:

- Reject**
- Accept**

I have indicated my choice above ("X" indicates my choice):

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number

(Until you advise us otherwise in writing, your choices, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any Scheduled Autos.)

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

**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 Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases 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 \_\_\_\_\_

**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.**

\_\_\_\_\_  
Witness Applicant's Signature Date

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

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 account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

- Please quote
- Please bind at earliest possible date and issue policy
- Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Coverage)

\_\_\_\_\_  
Applicant's Representative's Name and Address Phone No.