

Arizona Office

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COLONIAL GENERAL INSURANCE AGENCY

Utah Office

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 www.colonialgeneral.com

DAILY AUTO RENTAL APPLICATION

1. NAME AND ADDRESS OF APPLICANT:

Applicant Name: _____

D/B/A (if any): _____

Telephone: _____ Fax: _____

Mailing Address: _____

City, State, Zip: _____ County: _____

Web Site: _____

Applicant is: Individual Partnership Corporation Other: _____

We require the registered owner's:

Federal Employer Identification Number (FEIN) _____; or

State Customer Number for all vehicles _____.

2. Year Business Started: _____

Name of Owner(s)/Manager(s)/Risk or Claim Manager(s)	No. of Years in Rental Business	Positions Held/Company

3. Are any of the vehicles to be insured provided for personal use? Yes No
 If yes, list drivers: _____

4. Is Drive Other Car Coverage needed for any owners or managers? Yes No
 If yes, list: _____

5.

Location Addresses	No. of Cars	No. of Trucks	Manager	Type (Airport, Hotel, Retail)

(If more than three locations, use separate sheet to provide this information.)

6. Does applicant have operations other than short-term auto rentals (long-term leasing, used car sales, etc.)? Yes No
 If yes, list: _____

7. Are any vehicles furnished for promotional, advertising or charitable use? Yes No
 If yes, please provide details: _____

8. Do you check MVRs prior to hiring employees who may drive rental vehicles or shuttle buses? Yes No

9. Do you have any special contracts to provide vehicles for preferred customers (Military, Government, Corporate)? Yes No
 If yes, please explain (including limits provided): _____

10. Are you engaged in any of the following operations:

Long-Term (more than twelve [12] months) Leasing? Yes No

Used Car Sales? Yes No

“Rent to Own” Rentals? Yes No

Motorcycle Rental? Yes No

Trailer Rentals? Yes No

Equipment Rental? Yes No

Motorhome Rental? Yes No

Dealership Sales or Service? Yes No

Recreational Vehicle Rental? Yes No

If yes, how are these operations insured? _____

11. **CURRENT COVERAGE:**

Carrier: _____ Policy Period: _____ to _____
 Rating Basis: _____ Rate: _____

Current Liability Limits:		Requested Liability Limits:																									
Owner: _____		Owner: _____																									
Renter: _____		Renter: _____																									
Corporate Acct.: _____		Corporate Acct.: _____																									
UM/UIM: _____ PIP: _____		UM/UIM: _____ PIP: _____																									
Current Physical Damage:		Requested Physical Damage:																									
<table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Yes</td> <td style="text-align:center;">No</td> <td></td> </tr> <tr> <td>Comprehensive? <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Deductible _____</td> </tr> <tr> <td>Collision? <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Deductible _____</td> </tr> <tr> <td>Other: _____</td> <td></td> <td>Deductible _____</td> </tr> </table>		Yes	No		Comprehensive? <input type="checkbox"/>	<input type="checkbox"/>	Deductible _____	Collision? <input type="checkbox"/>	<input type="checkbox"/>	Deductible _____	Other: _____		Deductible _____	<table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Yes</td> <td style="text-align:center;">No</td> <td></td> </tr> <tr> <td>Comprehensive? <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Deductible _____</td> </tr> <tr> <td>Collision? <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Deductible _____</td> </tr> <tr> <td>Other: _____</td> <td></td> <td>Deductible _____</td> </tr> </table>		Yes	No		Comprehensive? <input type="checkbox"/>	<input type="checkbox"/>	Deductible _____	Collision? <input type="checkbox"/>	<input type="checkbox"/>	Deductible _____	Other: _____		Deductible _____
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Have you had any insurance canceled, declined or nonrenewed in the last three years? (not applicable in Missouri) Yes No
 If yes, explain: _____

12. **TYPE OF RENTAL:** Personal _____% Military _____% Business _____% Corporate Acct. _____%
 Insurance Replacement _____% International Customers _____%
 What is the average length of rental? _____

13. **ACTIVITY FOR PAST TWELVE (12) MONTHS** (Time and Mileage Only):

	Receipts	No. of Cars	No. of Trucks		Receipts	No. of Cars	No. of Trucks
JAN				JUL			
FEB				AUG			
MAR				SEP			
APR				OCT			
MAY				NOV			
JUN				DEC			

Projection for next twelve (12) months: Gross Receipts: \$ _____ Average Number of Units: _____

14. **EXPOSURE DATA:**

Previous Experience (Past three full years plus current):

Policy Period	Gross Receipts	Average Number of Units		Carrier
		Cars	Trucks	

15. **COUNTER PRACTICES:**

Minimum Age: _____ Maximum Age: _____

Military Rental Requirements: _____

Percentage of Cash Rentals: _____% Percentage of Credit Card Rentals: _____%

Are credit cards required on all rentals? Yes No

Are additional drivers listed on rental agreement? Yes No

Are additional drivers' requirements same as renters'? Yes No

Is driving record questionnaire completed by renter? Yes No

Is MVR screening system used at counter? Yes No

Is renter's insurance information verified prior to rental? Yes No

Are vehicles used to carry passengers for hire? Yes No

Do you have a Counter Agent Training Program? Yes No

On local and cash rentals, do you verify employment, residence address and credit references? Yes No

Do you allow vehicles to be taken to Canada? Yes No

Do you allow vehicles to be taken to Mexico? Yes No

Are there any territorial restrictions? Yes No

If yes, describe: _____

Do you offer Supplemental Liability Insurance (SLI, LIS or RLI) to the renter? Yes No

If yes, what percentage of your rentals include SLI, LIS or RLI? _____%

Is coverage: primary, or excess? Name of Insurance Carrier: _____

Attach copy of coverage form.

Do you offer Collision Damage Waiver (CDW, LDW)? Yes No

If yes, what percentage of your rentals include CDW, LDW? %

Do you pick up and/or deliver vehicles to renters? Yes No

16. **FLEET PROFILE AND MAINTENANCE** (average number or percentage):

Private Passenger: _____ Motorhomes: _____ Trucks: _____

Exotic: _____ Full-Size Vans: _____ Service Vehicles: _____

Pickups: _____ Cargo Vans: _____ Shuttle Buses: _____

Do you have a formal Fleet Maintenance and Safety Program? Yes No

If yes, attach a detailed description.

Do you keep maintenance records on all units? Yes No

Do you use a Service Checklist before each rental? Yes No

Is your storage lot secured? Yes No

Please describe: _____

Do any of your vehicles have anti-theft devices or other special equipment? Yes No

Please describe: _____

17. **FILINGS**

Are state filings required? Yes No

If yes, provide your docket number and base state: _____

Show exact name and address in which permits are to be issued: _____

Are there any special requirements needed for City permits, Certificates of Insurance, oversize and/or overweight permits? Yes No

If yes, provide details: _____

The following information must be included with each application:

- (1) Copy of rental agreement and all addendums.**
- (2) Current fleet list with year, make, model, VIN and state of vehicle registration.**
- (3) Insurance company loss runs for current and prior three years.**
- (4) Drivers List of all employees, including DOB and License number.**
- (5) Attach any Loss Payees, Additional Insureds or Certificate Holders required.**

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. **(Not applicable to Nebraska, Oregon or Vermont).**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for

the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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 fines and confinement in prison.

FRAUD WARNING (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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

Agent's Name: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.