

## AUTO RENTAL FLEET INSURANCE

### Required Insurance

Auto rental insurance provides coverage to the owner of an auto rented for short periods of time (i.e. daily, weekly, monthly). Pays for 3rd party liability resulting from an accident involving the rentee.

Typically, liability limits afforded to the owner can range from statutory limits to \$1,000,000 CSL, or higher, with PIP and/or UM coverage provided if mandated. Minimum statutory limits are afforded, where required, to the rentee.

Physical Damage coverage - comprehensive and collision - is also available with deductibles typically offered of \$1000 per occurrence, \$25,000 maximum limit per vehicle.

Autos are scheduled for coverage on a monthly report with premiums billed at a rate per car per month (pcpm). Changes to the fleet schedule, whether additions and/or deletions, must be reported as they occur.

### Personal Accident/Personal Effects Insurance

Personal Accident insurance is an optional coverage that can be offered to the rentee. PAI provides the rentee with Accidental Death, Accidental Medical Expense, Travel Assistance while the rentee is in, boarding, or alighting the rental vehicle. Personal Effects Insurance, also an optional coverage, provides limited coverage from loss or damage to the rentee's personal belongings caused by theft, damage, or accident to your rental vehicle. PAI/PEI are sold as a package, only.

#### Guidelines / Program Qualifications:

- \* Eligible classes include: private passenger & pickups, vans, and most classes of trucks in excess of 12,500 lbs. GVW
- \* Coverage for start-up rental operations available
- \* Program available in all states except MA and NY

## 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:

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**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: \_\_\_\_\_