



Philadelphia Insurance Companies

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
610-617-7900 Fax: 610-617-7940

DAILY RENTAL APPLICATION

Date _____

1. Business Name _____
2. SIC # _____ Fein # _____
3. Address: _____
- Street P.O. Box
- City State Zip Code
- Telephone number: _____ Fax: _____

Billing Contact Name: _____

Name(s) of Principal(s): _____

Social Security Number(s) of Principal(s): _____

Date(s) of Birth of Principal(s): _____

4. Business is: Individual Partnership Corporation

5. System Affiliation: _____

6. Number of Years in Rental Business and Background of Owner and Manager(s) : _____

(For Start-up, please include Business Plan and Resume of Owner and Manager(s))

7. Number of Company Employees? _____

8. Are Employees allowed personal use of vehicle fleet ? Yes No

9. Do you secure a Motor Vehicle Report on each employee ? Yes No

10. List of employees:

| NAME | DATE OF BIRTH | DRIVER'S LICENSE NUMBER |
|------|---------------|-------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

(For additional employees, please list employee information on a separate sheet and attach to application)

11. What types of controls are in place to monitor Driver Safety ?

12. Locations:

| LOCATION ADDRESS (CITY, STATE) | NO. OF CARS | NO. OF TRUCKS (OVER 10,000. LBS GVW) | MANAGER |
|-----------------------------------|----------------|--|---------|
| | | | |
| | | | |
| | | | |
| | | | |

If vehicles over 10,000. lbs. GVW, which locations ?

13. Does applicant have Operations other than Short Term Auto Rentals ? _____
 Long Term Leasing _____, Used Car Sales _____, Body Shop _____, Repair Garage _____
 Parking Facility _____, Limo Service _____, Valet/Shuttle Service _____, Other (Please Specify) _____

14. Will applicant rent vehicles used to carry Passengers for Hire ?

15. Is Applicant applying to insure vehicles other than those used for Daily Rental ?
 If Yes, explain: _____

(Attach Vehicle Schedule for these Units)

16. Current Carrier: _____ Current Rate: _____
 Rating Basis: _____ Policy Period: _____ to _____
 Method for Premium Calculation: _____
 Gross Revenue _____ Scheduled PCPM _____
 _____ Unscheduled PCPM _____
 Estimated Gross Revenue for Next 12 Months: _____

17. Prior Carrier Information/Exposure Data: Previous experience (past 3 full years, plus current year) Attach currently Valued Loss Runs:

| Policy Period | Insurance Carrier | Average Number of Units | | Time and Mileage Gross Revenue |
|---------------|-------------------|-------------------------|--------|-----------------------------------|
| | | Cars | Trucks | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(Complete Addendum A - Monthly Exposure Data)

18. Has Applicant ever had a Liability Deductible ? If so, when ? What Deductible ? _____

19. Limit of Liability:

| | Current Coverage | Desired Coverage (If Same, write "Same") |
|-----------------------|------------------|---|
| Owner: | | |
| Renter: | | |
| ** Uninsured Motorist | | |
| PIP | | |
| *Comprehensive | | |
| *Collision | | |

| | | |
|---------------------|--|--|
| Pick & Choose Basis | | |
|---------------------|--|--|

| | | |
|---------------------------------|--|--|
| If so, Number of Units per year | | |
| Other: | | |

* Has Comprehensive/Collision deductible ever been different ? Yes No

If yes, what Policy Period and what Deductible ? _____

** Do you currently reject Uninsured Motorist Coverage and Stacking Option when allowed by Law ?

Yes No If yes, describe procedure used to do so:

20. If requesting Physical Damage Coverage, what security measures are taken to prevent theft ?

21 Present Counter Practices (Brief Description)
(Attach sample of each Rental Contract currently in use.)

Age limitation, if any : _____

Credentials: How do you qualify renter ?

What credit cards are acceptable ?

Will you rent to someone using another person's credit card ?

Do you ask where the vehicle will be driven and what its use will be ?

Do you require Renter to provide proof of applicable insurance ? Yes No If Yes, how do you qualify proof of insurance ?

How are additional authorized drivers qualified ? _____

Relationship:

Do you secure a Motor Vehicle Report on each driver ? _____

Do you allow cash rentals ? Yes No If Yes, explain controls:

How are military rentals qualified ?

How are foreign drivers qualified ?

Do you accept all reservations ? Yes No Do you take cash deposits Yes No If yes, what is the criteria for accepting ?

Do you advertise ? Yes No If Yes, where ? _____

Do you do a signature comparison ?

Do you verify phone number on local rentals ?

What are you business hours ? _____

Is there a place on the contract for renter's birth date ? Yes No

Do you rent without reservations ? Yes No

Additional Counter Procedures:

How do you train counter personnel ?

Do you use a training manual ?

How are they paid ?

22. Rental customer:

Type of Rental (Indicate % of your business in each category):

Personal _____ Business _____ Insurance Replacement

Military _____ Other (specify)

% of rentals that pay with Cash :

% of rentals using Corporate Account Credentials:

Are System Corporate Accounts afforded higher Limits of Liability ? Yes No If Yes, what limits are provided to Corporate Accounts ?

23. Fleet Description – Average Number or Percentage
(Attach Current Fleet List)

| | | | | |
|---------------|-------------|------------------|-------|-----------------|
| Full Size | _____ | Intermediates | _____ | Compacts |
| Luxury | _____ | Service Vehicles | _____ | Trucks |
| Cargo Vans | _____ | Passenger Vans | _____ | # of Passengers |
| Other | _____ | | | |
| % of Vehicles | Owned _____ | Leased | _____ | |

* Describe any Units over 10,000 lbs. GVW (attach list incl. GVW)

* Describe any Units over 20,000. Lbs. GVW (attach list incl. GVW)

* Enclose **Supplemental Truck Rental Application.**

24. Describe your hiring and training practices for new personnel:

25. Describe briefly the maintenance procedure conducted prior to and after rental:

26. Are maintenance records kept for each vehicle in fleet ? Yes No If Yes, explain :

27. Who performs the maintenance and repairs of vehicle fleet ?

THE FOLLOWING INFORMATION MUST BE ATTACHED TO EACH APPLICATION:

Current Rental Agreement (front and back)

Vehicle Schedule Showing Year, Make, Model and **Complete VIN**

Loss Experience for past Three Years plus Current Year on Insurance Company Letterhead or Computer Report valued within the past Three Months

Addendum A – Monthly Exposure Report

Photograph – Each Location

List of Additional Insureds, Loss Payees, and Certificate Holders (with addresses)

For Property and General Liability proposal, attach specific ACCORD Applications.

Broker of Record Authorization – The signing of this application does NOT bind the applicant or the Insurance Company to the insurance. It is agreed that the information contained herein shall be the basis of the contract should one be issued.

Philadelphia Insurance Companies or its Authorized Representative is hereby authorized to conduct such inquiries as necessary to verify all information contained in this Application. Said inquiries may include the procurement of a Consumer Credit Report and Criminal Conviction Record.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

Date

Signature(s) of Principal(s)

Date

Signature of Producer

ADDENDUM A

MONTHLY EXPOSURE DATA – PAST THREE YEARS, PLUS CURRENT YEAR

| | TO _____ YEAR _____ | | TO _____ YEAR _____ | |
|-----|---|--------------------------|------------------------|---|
| | Time and Mileage Gross Revenue | Average Units | | Time and Mileage Gross Revenue |
| JAN | _____ | | JAN | _____ |
| FEB | _____ | | FEB | _____ |
| MAR | _____ | _____ | MAR | _____ |
| APR | _____ | | APR | _____ |
| MAY | _____ | _____ | MAY | _____ |
| JUN | _____ | _____ | JUN | _____ |
| JUL | _____ | | JUL | _____ |
| AUG | _____ | _____ | AUG | _____ |
| SEP | _____ | | SEP | _____ |
| OCT | _____ | | OCT | _____ |
| NOV | _____ | _____ | NOV | _____ |
| DEC | _____ | _____ | DEC | _____ |

| | TO _____ YEAR _____ | | TO _____ YEAR _____ | |
|-----|---|--------------------------|------------------------|---|
| | Time and Mileage Gross Revenue | Average Units | | Time and Mileage Gross Revenue |
| JAN | _____ | | JAN | _____ |
| FEB | _____ | | FEB | _____ |
| MAR | _____ | | MAR | _____ |
| APR | _____ | _____ | APR | _____ |
| MAY | _____ | _____ | MAY | _____ |
| JUN | _____ | | JUN | _____ |
| JUL | _____ | _____ | JUL | _____ |
| AUG | _____ | _____ | AUG | _____ |
| SEP | _____ | | SEP | _____ |
| OCT | _____ | | OCT | _____ |
| NOV | _____ | _____ | NOV | _____ |
| DEC | _____ | _____ | DEC | _____ |

Fraud Notice

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND 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 PENNSYLVANIA APPLICANTS: 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.

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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: 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 NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."