



INSURANCE INFORMATION FORM

RENTAL VEHICLES ONLY	<u>LIABILITY POLICY NUMBER</u> PHPR	<u>PHYSICAL DAMAGE POLICY NUMBER</u> PHEX	<u>ACCOUNT NUMBER</u>
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LIMITS OF LIABILITY	BODILY INJURY	PER PERSON		COVERAGE IS AFFORDED AS SPECIFIED IN THE POLICY LISTED ABOVE	COLLISION DEDUCTIBLE		
		PER OCCURRENCE					
	PROPERTY DAMAGE EXCESS					COMPREHENSIVE DEDUCTIBLE	

NAME AND COMPLETE ADDRESS OF NAMED INSURED		<p>MAIL THIS FORM TO: ATTN: Customer Service/Policy Administration ADD/ DELETE</p> <p>PHILADELPHIA INSURANCE COMPANIES ONE BALA PLAZA, STE 100 BALA CYNWYD, PA 19004 On-Line Add/ Delete Form www.phly.com Email form to: Autorental@phly.com OR FAX TO: (866) 566-0329 OR call (877) 438-7459</p>
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THIS TRANSACTION SHALL TAKE EFFECT AT 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN, PROVIDED, HOWEVER, IF THE NAMED INSURED SHALL FORWARD COPIES HEREOF TO THE COMPANY WITHIN 10 DAYS AFTER NAMED INSURED SHALL TAKE POSSESSION OF THE VEHICLE. COVERAGE SHALL BECOME EFFECTIVE AT 12:01 A.M. STANDARD TIME, THE DATE RECEIVED AT THE COMPANY.

ALL VEHICLES ON THIS FORM TO BE ADDED OR DELETED AS INDICATED IN THE BOX. DO NOT ADD <u>AND</u> DELETE ON THE <u>SAME</u> FORM.	ADD		
	DELETE	SIGNATURE	DATE

EFFECTIVE DATE	UNIT NUMBER	YEAR	MAKE	MODEL	SERIAL NUMBER	TRUCK (GVW)	STATED VALUE