



AUTO RENTAL APPLICATION

GENERAL INFORMATION

1. Named Insured: _____
DBA: _____
2. Mailing Address: _____

Telephone Number: _____ Fax Number: _____
3. Website: _____
4. Contact Name: _____ Title: _____
Cell Phone Number: _____ Email Address: _____
5. Business Is: Individual Partnership Corporation LLC Other _____
FEIN: _____
Year Current Business Established: _____

6. Name(s) of principal(s):

Full Name	Title	Years with Firm	% Own	Active?

Has any principal ever been affiliated with any other auto/truck rental company? Yes No

If yes, explain in detail _____

7. List all locations:

#	Location Address	City	State	Zip
1				
2				
3				

Do you plan to open any additional locations within the next 12 months? Yes No

8. Are there any business operations other than rental at these locations? Yes No

If yes, explain in detail _____

9. Year to Date Gross Receipts: _____ Average Units: _____

Projected Gross Receipts next 12 months: _____ Projected Units: _____



PRIOR COVERAGE INFORMATION

1. Liability:

Current Carrier _____ Current Rate _____
Effective Date _____ Expiration Date _____
Current Limit _____ (owner) _____ (renter)
Current Limit Requested _____
Has applicant ever had a liability deductible? Yes No
If yes, when was deductible in place and how much was the deductible? _____

2. Physical Damage:

Current Carrier _____ Current Rate _____
Current Deductibles -- (Comprehensive) _____ (Collision) _____
If requesting physical damage, do you have any security measures in place to prevent theft? Yes No
If yes, please explain _____

3. Uninsured/Underinsured Motorists:

Do you currently reject Uninsured/Underinsured Motorist Coverage when allowed by law? Yes No

4. Personal Injury Protection

Do you currently reject PIP coverage when allowed by law? Yes No

5. Previous Loss Experience (3 full years prior to current coverage shown above)

Policy Period	Premium	Losses	Carrier
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Besides your Auto Rental Fleet insurance, do you have any other automobile or garage coverage? Yes No

Type of Coverage	Insurance Co.	Policy #	Policy Period	Seek Quote?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Has your commercial rental insurance ever been cancelled or non-renewed for any reason?

Yes No If yes, please explain _____



COUNTER PROCEDURES AND RENTER QUALIFICATIONS

1. Types of Rentals (enter as % please):

Business		Pleasure		Insurance Replacement	
Corporate Accounts		Military		Other:	

2. Do you have an age limitation? Yes No If yes, minimum _____ maximum _____

3. Please explain renter qualification procedure _____

4. Are Additional Renters qualified the same as the primary renter? Yes No

5. Do you have a rank limitation for military renters? Yes No

If yes, what is the minimum rank required? _____

6. What are the qualifications for Foreign Renters? _____

7. Do you require an International Driver License on Foreign Drivers? Yes No

8. What percentage (%) of rentals is: Cash _____ Credit _____

9. What are the qualifications for cash rentals? _____

10. What credit cards are acceptable? _____

11. Do you rent to someone using another's credit card? Yes No

12. Do you compare signatures at the counter? Yes No

13. Do you ask the purpose of each rental? Yes No

14. Do you ask where your vehicles are traveling? Yes No

15. Do you allow your vehicles to leave your state? Yes No

If yes, what percentage of your vehicles leave the state? _____ %

16. Is renter's driving record questioned at the counter? Yes No

17. Is MVR screening system used at counter? Yes No

18. Is renters insurance verified at counter? Yes No

What percentage of your renters are uninsured? _____ %

19. Do you verify phone and address at counter? Yes No

20. Do you verify employment at the counter? Yes No

21. Do you rent for more than 30 days? Yes No

If yes, describe procedures and qualifications for 30 day rentals _____

22. Do you allow after hours drop offs? Yes No

If yes, please describe drop off procedures _____

23. Do you currently use auto rental software? Yes No

If yes, what system do you use? _____

If no, would you like information on auto rental software? Yes No

If you do not use software, are your rental contracts numbered? Yes No

24. Does the Applicant knowingly rent to individuals or companies that will be operating the rental vehicle for use in a ride sharing or transportation network operation, such as but not limited to, Uber, Uber X or Lyft? Yes No

25. Do you rent your vehicles using a Ride Share Platform? Yes No

If yes, with who? _____



FLEET INFORMATION

1. Fleet Profile (Please enter the number of each rental unit in the appropriate field below)

Private Passenger		Mini-Vans		Service Vehicles	
Exotic*		15 Pass Vans		Trucks	
Cargo Vans		Pick-Ups		Shuttles	

(* Exotic Cars: Aston Martin, Bentley, Ferrari, Lamborghini, Lotus, Maserati, Porsche, Rolls-Royce regardless of price or horsepower.)

Do you have any rental vehicles now or in the future with any wheelchair accessible or other medical equipment? Yes No If yes, please explain _____

2. Do you hold any vehicles that are to be insured but not available for rent? Yes No
If yes, please list and explain _____

3. Describe Maintenance Procedures _____

4. Are maintenance records kept for each vehicles? Yes No

5. Who performs the maintenance and repairs on your vehicles? _____

6. Do you check insurance information on all your vehicles? Yes No

7. Do you perform a walk-around prior to and after rental? Yes No

8. Do you have procedures in place to secure your fleet from impending natural disasters?
 Yes No Details _____

9. Do you have procedures in place to remove recalled vehicles from the fleet? Yes No

EMPLOYEE INFORMATION

1. Are employees allowed personal use of vehicles? Yes No

If yes, do you execute a rental agreement for after-hours travel? Yes No

2. Do you check MVRs prior to hiring new employees? Yes No

3. What controls, if any, are in place to monitor driver safety? _____

4. Does your company have a formal drug-testing program? Yes No

5. Is there a counter-worker Rental training program? Yes No

Please describe training procedures _____



All City Insurance

ADDITIONAL COVERAGES / COUNTER PRODUCTS (Some coverages may not be available in your state)

1. Do you offer Supplemental Liability Insurance? Yes No
 Current Carrier _____ Current SLI Rate _____
 What % of your rentals include SLI? _____ Average # of SLI rental days per month _____
 Have you ever had any SLI losses? Yes No If yes, explain _____
2. Do you offer Collision Damage Waiver (CDW)? Yes No
 If yes, what percentage of your rentals include CDW? _____ %
 If yes, what percentage of your CDW rentals is Cash Rentals? _____ %
3. 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 If yes, explain _____
4. Does your state require a limited license? Yes No Are you currently licensed? Yes No
 If requesting a quote for SLI or PAI/PEI, attach a copy of your current state license where required.
5. Are you interested in Roadside Assistance Coverage? Yes No
6. Are you interested in Cyber Liability Coverage? Yes No
 If yes, please answer the following:
 Gross Revenue for Last Fully Completed Year _____ and Projected Year _____
 Approximate number of Personally Identifiable Information records stored? _____
 Is your data encrypted? Yes No Do you have a plan to avoid business interruption? Yes No
 In the past 3 years, have you had any cyber related claims? Yes No

REFERENCES

BANK: (Name, Contact, Account Number, Phone Number)

VENDOR: (Name, Contact, Account Number, Phone Number)

Have you ever declared bankruptcy? Yes No If yes, please explain) _____

MARKETING

1. Are you a member of any Industry Association(s)? Yes No
 If yes, which Association(s)? _____
2. Which social media platforms do you have a presence on?
 Facebook Instagram LinkedIn Twitter Other: _____
3. Who are you competing with (locally) for car rental clients? _____



FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge that all statements are true and no material facts have been suppressed or misstated. The Undersigned is also aware that the 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 purpose of qualifying the Applicant for the coverage requested.

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.

In the state of Illinois, the Religious Freedom Protection and Civil Union Act became effective June 1, 2011. Our policies of insurance comply with this Act, which provides that two persons of the same or opposite sex who form a civil union are entitled to the same benefits and protections provided to spouses.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE AC, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES).IN NEW YORK, THE COVAL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AI, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI, AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY 9OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISION.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF FRAUDULING OR ATTEMPTING TO FRAUD THE COMPANY.PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND COVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF FRAUDULING OR ATTEMPTING TO FRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TOA SETTLEMENT OR AWARD PAYABLE FROM THE INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DOVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, FRAUD, OR DECEIVE ANY INSURED FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO FRAUD, PRESENTS, CAUSES TOBE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENTTHEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIALINSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSEOF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH THE INTECT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF FRAUDULING THE OCOMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STTEMENT 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.

APPLICABLE IN NEW YORK:ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FO INSURANCE OR STETMENT 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Principal's Signature

Date

Agent's Signature

Date