

Application for Rental Autos & Trucks – Short Term (Hour, Day or Week)

COLUMBIA INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Policy Term From: _____ To: _____

1. Name of Applicant _____
2. a. Address of Applicant _____
(Number) (Street) (City) (County) (State) (Zip Code)
- b. Address where vehicles are garaged if different than address of applicant _____
3. Applicant is: Individual Partnership Corporation
4. Is this your primary business? Yes No If no, explain _____
_____ Years experience in this business _____
5. Coverage to be effective from _____ to _____
6. Person to contact for inspection (name and phone number) _____
7. Is this a new operation? Yes No Is your operation currently for sale? Yes No Seasonal in nature? Yes No
8. Has this business ever operated under any other name? Yes No If yes, show previous name and address _____

9. Give estimate of financial worth \$ _____ Gross receipts last year _____ Estimate for coming year _____
10. Have you filed for bankruptcy within the last 5 years or do you contemplate doing so? Yes No If yes, provide details _____

11. Have you under this name or any other name been insured with any of the above-listed companies? Yes No If yes, explain: _____

DESCRIPTION AND AREA OF OPERATIONS

12. Number of Short-Term Rental Vehicles:
Private Passenger Autos _____ Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____
Cargo Vans _____ Passenger Vans _____ Others (specify) _____
13. Percentage of private passenger vehicles rented to: Personal _____ % Military _____ % Commercial _____ %
Insurance Replacement _____ %
14. Are any vehicles rented for 1 month or more? Yes No If yes, submit details (which units, to whom, term of rental or lease):

15. Are vehicles ever leased with drivers? Yes No If yes, attach complete list of drivers, vehicle(s) they drive, age of driver, license number, and chargeable accidents during past three years.
16. **Leasing Agreements:** Attach copy of each type of rental or lease agreement used.
17. What is average term of rental? _____ days
18. What are your rules for selecting renters or lessees? _____

19. What is minimum age of persons permitted to rent vehicles? _____ Are additional drivers permitted? Yes No
If yes, how are they qualified? _____
20. Do you ask what the vehicle will be used for and where it will be driven? Yes No
21. Percent Cash Rental _____ % Percent Credit Card _____ % If cash rental, how do you qualify renter? _____
22. Do you use an on-line service giving subscribers credit, driving & criminal history? Yes No If yes, who? _____
23. Are written counter practice procedures furnished to all counter personnel? Yes No If yes, attach copy.
24. Are you named as additional insured on renter's policy on any vehicles rented? Yes No Explain _____
25. Do you require liability insurance from the rentee? Yes No Explain _____
26. Do you obtain a certificate of liability insurance on any vehicles rented? Yes No Explain _____
27. Do you rent or lease vehicles from others? Yes No If yes, explain _____
28. Are any vehicles rented on a "Rent It Here - Leave It There" basis? Yes No
29. Is applicant required to file evidence of insurance with any state regulatory authority or any other authority? Yes No
If yes, specify _____
30. Do you have your own repair shop? Yes No If yes, what kind of repairs are made? _____
31. Are rental contracts pre-numbered? Yes No
32. How often are rental vehicles serviced? _____

COMPLETE QUESTIONS 33-36 FOR COMMERCIAL VEHICLES ONLY

33. Percentage of business derived from renting vehicles to individuals hauling their own personal goods or effects _____ %
Businesses _____ %
34. Are vehicles rented to trucking firms (truckers hauling for hire)? Yes No If yes, _____ %
35. Will you rent vehicles to be used to carry passengers for hire? Yes No
36. Are any vehicles rented to hazardous material haulers? Yes No If yes, explain _____

PREVIOUS INSURANCE CARRIER AND LOSS EXPERIENCE

37. Provide prior insurance carriers information for past full three years. List in order with most recent carrier first.

Policy Term		Insurance Company Name	Policy Number	Number of Motor Powered Vehicles	Number of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To					Liab	Phys Dam	BI	PD	Coll	Other
/ /	/ /										
/ /	/ /										
/ /	/ /										

38. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No If yes, provide complete details _____

INSURANCE NEEDS & SCHEDULE OF VEHICLES

39. COMPLETE FOR DESIRED COVERAGES BY INDICATING LIMITS OF INSURANCE

Liability				Uninsured Motorist Coverage			Underinsured Motorist Coverage			Medical Payments	Personal Injury Protection	Physical Damage Complete Section Below if Wanted
Combined Single Limit BI & PD	Split Limits			Single Limit	Split Limits		Single Limit	Split Limits				
	Bodily Injury		Property Damage		Bodily Injury			Bodily Injury				
	Per Person	Per Accident	Per Accident		Per Person	Per Accident		Per Person	Per Accident			

40. Liability limits for rentee: BI Per Person \$ _____ BI Per Accident \$ _____
 PD Per Accident \$ _____ Or Combined Single Limit BI & PD \$ _____

41. SCHEDULE OF AUTOS/VEHICLES TO BE COVERED (If more than 8, attach additional schedule with information below)

Auto No.	Year Model	Trade Name	Body Type**	Serial No. (S) Vehicle ID No. (VIN)	Anti-Theft Devices Yes or No	Air-bags Yes or No	Licensed Weight*	Anti-Lock Brakes Yes or No	Lift or Lift Gate Yes or No	Dual Rear Axles Yes or No	Estimated Annual Mileage	Maximum Radius of Operations (miles)
1												
2												
3												
4												
5												
6												
7												
8												

*Licensed Weight – Gross Vehicle Weight (GVW) weight of vehicle and load or Gross Combined Weight (GCW) weight of vehicles and load.

**Body Type: PPT Priv. Pass. Type PIC UP Pick Up TNK TK Tank Truck FLT TR Flat Trailer Other (specify) _____
 JEEP Jeep BOM TK Boom Truck OTH TK Other Truck STK TR Stock Trailer _____
 PSS VN Pass. Van CRN TK Crane/Truck TRACT Tractor TNK TR Tank Trailer _____
 CRG VN Cargo Van DMP TK Dump Truck BX TR Box Trailer UTL TR Utility Trailer _____

COMPLETE THESE SPACES ONLY IF PHYSICAL DAMAGE COVERAGE DESIRED

Auto No.	Town & State Where Principally Garaged	Use*	Original Cost New of Chassis, Body & Equipment	Date Purchased Mo/Yr	Cost When Purchased	Value of Vehicle Excluding Permanently Attached Special Equipment	Value of Permanently Attached Special Equipment	Specified Causes of Loss		Collision	
								Amount of Insurance	Deductible	Amount of Insurance	Deductible
1											
2											
3											
4											
5											
6											
7											
8											

* Enter one or more of the following initials to indicate use of each auto.

RI – Rented to Individuals RT – Rented to Truckers ST – Non-Rental Business Service Truck
 RB – Rented to Businesses BA – Non-Rental Business Auto O – Other (describe) _____

42. **ANY LOSS PAYEES?** Yes No If yes, indicate for which vehicle(s) and give name and address of loss payees: _____

