## **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

	TIONAL INDEMNITY COMPANY OF THE SOUTH TIONAL INDEMNITY COMPANY OF MID-AMERICA				
1.	Name of Applicant				
	a. Address of Applicant(Number) (Street)				
		(City)	(County)	(State)	(Zip Code
	b. Address where vehicles are garaged if different than address of a	аррисані			
	Applicant is: ☐ Individual ☐ Partnership ☐ Corporation				
4.	Is this your primary business? ☐ Yes ☐ No If no, explain				
5.	Coverage to be effective from				
	Person to contact for inspection (name and phone number)				
	Is this a new operation? ☐ Yes ☐ No Is your operation curren				ure? □ Yes □ □
	Has this business ever operated under any other name? ☐ Yes ☐	_			
9.	Give estimate of financial worth \$ Gross receipts last	year	Estim	ate for coming y	ear
				Na lévas sus	
).	Have you filed for bankruptcy within the last 5 years or do you conte	mplate doing so?	⊔ Yes ⊔	No if yes, pro	vide details
	Have you filed for bankruptcy within the last 5 years or do you conte				
		of the above-liste	ed companies		
1.	Have you under this name or any other name been insured with any	of the above-liste	ed companies		
1. 2.	Have you under this name or any other name been insured with any  DESCRIPTION AND ARE  Number of Short-Term Rental Vehicles:	of the above-liste	ed companies	s? □ Yes □ N	lo If yes, explai
2.	Have you under this name or any other name been insured with any  DESCRIPTION AND ARE  Number of Short-Term Rental Vehicles:  Private Passenger Autos Pick-Ups Trucks	of the above-liste  A OF OPERAT  Tractors	ed companies	s? □ Yes □ N	lo If yes, explai
2.	Have you under this name or any other name been insured with any  DESCRIPTION AND ARE  Number of Short-Term Rental Vehicles:  Private Passenger Autos Pick-Ups Trucks  Cargo Vans Passenger Vans Others (specify)  Percentage of private passenger vehicles rented to: Personal	of the above-liste  A OF OPERAT  Tractors	ed companies FIONS Sel	s? □ Yes □ N	lo If yes, explai
2.	Have you under this name or any other name been insured with any  DESCRIPTION AND ARE  Number of Short-Term Rental Vehicles:  Private Passenger Autos Pick-Ups Trucks  Cargo Vans Passenger Vans Others (specify)  Percentage of private passenger vehicles rented to: Personal	of the above-liste  A OF OPERAT  Tractors % Militar  blacement	ry	mi-Trailers	lo If yes, explai Trailers
1. 2. 3.	Have you under this name or any other name been insured with any DESCRIPTION AND ARE  Number of Short-Term Rental Vehicles:  Private Passenger Autos Pick-Ups Trucks  Cargo Vans Passenger Vans Others (specify)  Percentage of private passenger vehicles rented to: Personal  Insurance Re  Are any vehicles rented for 1 month or more? □ Yes □ No If ye	A OF OPERAT  Tractors % Militar  blacement es, submit details	ry % (which units,	mi-Trailers % Commerci	lo If yes, explai Trailers
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1. 2. 3.	Number of Short-Term Rental Vehicles:  Private Passenger Autos Pick-Ups Trucks Cargo Vans Passenger Vans Others (specify)  Percentage of private passenger vehicles rented to: Personal Insurance Repart	of the above-listed  A OF OPERAT  % Militar  placement es, submit details  attach complete I	ry % (which units,	mi-Trailers % Commerci	Io If yes, explaining the second of rental or lease):

19.		What is minimum age of persons permitted to rent vehicles? Are additional drivers permitted? ☐ Yes ☐ No f yes, how are they qualified?										
20							П Мо					
	0. Do you ask what the vehicle will be used for and where it will be driven? □ Yes □ No 1. Percent Cash Rental % Percent Credit Card % If cash rental, how do you qualify renter?											
22.	Do you use	an on-line	service giving subscriber	s credit, drivi	ing & crimir	nal history?	P □ Yes	□ No	If ye	s, who? _		
23.	B. Are written counter practice procedures furnished to all counter personnel? ☐ Yes ☐ No If yes, attach copy.											
24.	Are you na	med as addi	itional insured on renter's	s policy on ar	ny vehicles	rented? [	] Yes	□ No E	xplain			
25.	Do you req	uire liability	insurance from the rente	e? □ Yes	□No	Explain _						
26.	Do you obta	ain a certific	ate of liability insurance	on any vehicl	les rented?	□ Yes	□No	Expla	ain			
27.	Do you ren	t or lease ve	ehicles from others?	∕es □ No	If yes	s, explain _						
28.	Are any vel	nicles rented	d on a "Rent It Here - Lea	ave It There"	basis?	Yes 🗆	No					
29.		=	file evidence of insurance	=	_	ory author	ity or any	other au	ıthority?	□ Yes	□ No	
30.			repair shop? ☐ Yes [			nd of repai	rs are ma	ide?				
31.	Are rental of	contracts pre	e-numbered? □ Yes									
		-	ehicles serviced?									
СО	MPLETE QI	JESTIONS :	33-36 FOR COMMERCI	AL VEHICLE	S ONLY							
33.	_		s derived from renting ve	hicles to indi	viduals hau	uling their o	own perso	onal goo	ds or effe	cts		%
34		s rented to t	% trucking firms (truckers h	auling for hire	e)? □Yes	П №	If ves		%			
			be used to carry passe	_	-		ii yoo	,,	70			
	=		d to hazardous material h	_			es, explai	n				
_												
			PREVIOUS IN	ISURANCE (	CARRIER	AND LOS	S EXPER	RIENCE				
37.	7. Provide prior insurance carriers information for past full three years. List in order with most recent carrier first.											
	Policy Term		Insurance Company	Policy	Number of Motor	Number	Pren	nium I	Total An	nount Clai	ns Paid &	Reserves
	From	То	Name	Number	Powered Vehicles	of Accidents	Liab	Phys Dam	ВІ	PD	Coll	Other
	/ /	1 1										
	1 1	1 1										
	/ /	1 1										
38.	Is any appli	icant aware	of any facts or past incid	ents, circums	stances or	situations	which co	uld give r	ise to a c	laim unde	er the ins	urance
	coverage s	ought in this	application?   Yes	□ No	If yes, p	rovide com	plete det	tails				

## **INSURANCE NEEDS & SCHEDULE OF VEHICLES**

		L	ability			Uninsured Motorist Coverage			Underinsured Motorist Coverage				ge	_			Physical		
Combined Single Limit BI & PD			Split	Limits	December	4		Split Limits		4			Split Limits			Medical		ersonal	Damage
		Bodily Injury		Property Damage	Juligie		Bodily Injury		Sin	gle nit	Во	odily I	Injury	F	Payment	۔ ا	Injury	Complet Section	
		Per Per Per Accident		-	Per Accident	7		Per Person Ac				Per Perso		Per Accident				Protection	Below if Wanted
0. L	iabilit	y limits f	or rente	ee:	BI Pe	r Person		\$			BI Pe	er Acci	ident	: \$					
		,				er Accide	nt	\$								BI & PC			
11. S	CHE	DULE O	F AUT	OS/VE	HICLES	TO BE C	OVE	RED (If	more tha	n 8. at	tach a	dditio	nal s	schedu	ıle w	ith info	orma	tion be	low)
								•		Anti-	Air-	1		Anti-	Lift	or Du	al		Maximur
Auto No.	Yea Mod		Trade	Name	Вос	ly Type**		Serial No nicle ID N		Theft Devices Yes or No	hans	Weig		Lock Brakes Yes or No	Lif Gat Ye: or N	te Axle	es / s N	stimated Annual Mileage	Radius of Operation (miles)
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2																			
3																			
4												<u> </u>							
5											<u> </u>						+		
6												<u> </u>			<u> </u>		+		
7																			
8																			
		eight – G : PPT		hicle V . Pass	/eight (GV Type	W) weight		nicle and I ck Up			ibined V Tank Ti	_		N) weig FLT TR		vehicles at Traile			ecify)
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		PSS VI CRG V		s. Van go Var		CRN TK		ane/Truck ımp Truck			Tractor Box Tra			TNK TR UTL TR		ank Trail tility Trai	_		
				9					E SPACE										
									Va	ue of			Sp	ecified	Caus	es of			
۸۵	То	a 9 Ctata	\A/bara		Origina Cost New			Cost	Exc	hicle luding	ng Permanently ntly Attached d Special A I Equipment		Loss		ss	<b>i</b>		Collis	ion
No.	Prin	n & State cipally Ga	vvnere araged	Use*	Cost New Chassis Body & Equipme	Mo/		Wher Purchas	Perm ed Atta	anently ached ecial pment				ount of irance	I Dealicili		eductible Amount Insurance		Deductible
1																			
2																			
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5																			
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7																			
8				1															
Ente RI	- Re	or more o	ndividua	ıls		ndicate use Rented t Non-Rer	o Tru	ckers	uto	ST - O -					vice ·	Truck		1	

## MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.** 

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed? ☐ Ye	s 🗆 No	If yes, with whom	
Witness		Applicant's Signature	
	то і	BE COMPLETED BY APPLICANT'S RE	EPRESENTATIVE
Is this direct business to your office?		If not, explain	
Is this new business to your office? _		If not, how long have you had the ad	ccount?
How long have you known applicant?	·		<u> </u>
REQUEST TO COMPANY GENERA	L AGENT:		
☐ Please quote ☐ Please bind	at earliest po	ssible date and issue policy	
☐ Please issue policy effective	e and Date Bound	by General Agent) Coverage was bound by	Y(Name of Person in Company General Agency's Office Binding Coverage)
Applicant's Representative's Name and Address		Phone No.	