

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

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

Policy Term From: _____ To _____

1. Name of Applicant _____ Tax ID: _____
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 prenumbered? 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. Have you ever been declined, canceled or nonrenewed for this kind of insurance? Yes No If yes, date and why _____
39. 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 _____

SELECTION OF UNINSURED MOTORISTS COVERAGE AND MEDICAL PAYMENTS COVERAGE NEVADA

The Nevada Insurance Code (Section 687B.145) requires that Uninsured Motorists Coverage be offered at a limit equal to the Bodily Injury Limit of Liability in your policy unless you, the insured named in the policy, select a lower limit, but not less than the minimum financial responsibility limits, or reject the Uninsured Motorists Coverage entirely. Uninsured Motorists Coverage includes underinsured motorists coverage and provides insurance for the protection of persons insured under the policy if they sustain bodily injury in an accident for which the owner or operator of a motor vehicle is legally liable and does not have insurance (uninsured) or does not have enough insurance (underinsured). The named insured has the right to reject this coverage in writing.

So that we may be certain that your policy is properly issued, it is necessary that you indicate below your choice of Uninsured Motorists Coverage. In the event the policy names more than one Named Insured, all such Named Insureds must sign.

INDICATE BY "X"

– The undersigned hereby rejects Uninsured Motorists Coverage entirely.

The undersigned understands and agrees that the provisions of Uninsured Motorists Coverage will not be included in the policy issued.

– OR –

Uninsured Motorists Coverage to be written with limits of liability equal to Bodily Injury Liability limits being provided.

– OR –

Uninsured Motorists Coverage to be written with limits of liability lower than Bodily Injury Liability limits being provided, but not less than the minimum financial responsibility limits, as indicated below:

Bodily Injury

\$ _____ each person

\$ _____ each accident

Combined Single Limit (BI)

\$ _____ each accident

Section 687B.145 further requires that Medical Payments Coverage be offered in an amount of at least \$1,000 or at a higher amount if the minimum limit offered by an insurer is greater than \$1,000. You may accept or reject this offer. Medical Payments Coverage provides protection without regard to legal liability for reasonable and necessary medical expenses resulting from accidental bodily injury while operating or occupying an insured vehicle or being struck as a pedestrian by a motor vehicle or trailer.

So that we may be certain that your policy is properly issued, it is necessary that you indicate below your choice of Medical Payments Coverage. In the event the policy names more than one Named Insured, all such Named Insureds must sign.

INDICATE BY "X"

– The undersigned hereby rejects Medical Payments Coverage entirely.

The undersigned understands and agrees that the provisions of Medical Payments Coverage will not be included in the policy issued.

– OR –

Medical Payments Coverage to be written at the minimum limit of \$1,000.

– OR –

Medical Payments Coverage to be written at limit of \$ _____ .

Signature of Named Insured

Date

Signature of Named Insured

Date

(Until you advise us otherwise in writing, your choice as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any scheduled Autos and will be carried forward on all future renewal policies without additional notice.)

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

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 Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases 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? Yes No If yes, with whom _____

Witness

Applicant's Signature

Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

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 account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

- Please quote
- Please bind at earliest possible date and issue policy
- Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.