

# 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 \_\_\_\_\_

**INSURANCE NEEDS & SCHEDULE OF VEHICLES**

**40. COMPLETE FOR DESIRED COVERAGES BY INDICATING LIMITS OF INSURANCE**

Combined Single Limit BI & PD	Liability			Uninsured Motorists			Underinsured Motorists			Medical Payments	Personal Injury Protection	Physical Damage
	Split Limits			Single Limit Each Accident	Split Limits		Single Limit Each Accident	Split Limits				
	Bodily Injury		Property Damage		Each Person	Each Accident		Each Person	Each Accident			
Each Person	Each Accident	Each Accident										

41. Liability limits for rentee: BI each person \$ \_\_\_\_\_ BI each accident \$ \_\_\_\_\_  
 PD each accident \$ \_\_\_\_\_ Or combined single limit BI & PD \$ \_\_\_\_\_

**42. 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) \_\_\_\_\_

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

\_\_\_\_\_

## CALIFORNIA UNINSURED MOTORISTS COVERAGE LIMITS

- Basic Limits Accepted as follows: →
  - Single Limit
  - Split Limits
- Policy Limits Accepted
- Other Limits Accepted (not to exceed policy limits) as follows: →
- Uninsured Motorist Property Damage Coverage (\$3500 limit) Accepted
- Entire Rejection

Single Limit	Split Limits	
	Bodily Injury	
	Each Person	Each Accident

Premium Adjustment  
(if any)  
\$

**DELETION OF UNINSURED MOTORISTS COVERAGE  
FROM POLICY, SELECTION OF LOWER LIMIT  
OF LIABILITY, WAIVER OF COLLISION DEDUCTIBLE  
(California)**

The California Insurance Code (Section 11580.2) requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Such section also permits the insurer and the applicant to delete such coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name, or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to him from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.\*

Under the California Insurance Code (Section 11580.26) it is required, provided bodily injury uninsured motorists coverage is not rejected, where a policy of motor vehicle liability insurance does not include collision insurance on the insured motor vehicle, that the insurer offer to cover property damage on the insured motor vehicle (not including personal property therein) caused by the owner or operator of an uninsured motor vehicle. Such coverage of loss or damage by collision shall not exceed the actual cash value or \$3,500, whichever is less. The insured may elect not to accept such coverage or to waive such coverage when the motor vehicle is operated by a person or person designated by name. Property damage does not include loss of use of the motor vehicle.

Section 11580.26 further requires that where a policy of motor vehicle liability insurance includes collision coverage on the insured motor vehicle, subject to a deductible to be paid by the insured, that the insurer offer to provide coverage in the amount of the deductible in the event of collision involving a vehicle, including a trailer, owned by the named insured and insured under the policy and an uninsured motor vehicle. You may elect not to accept this offer or to waive this coverage when the insured vehicle is used or operated by a person or person designated by name.

In accordance with the above described California Insurance Code the undersigned insured (and each of them) – **(Applicable item marked "X")**

- agrees that the Uninsured Motorists Coverage afforded in the policy for bodily injury is hereby deleted.
- agrees that the Uninsured Motorists Coverage afforded in the policy for bodily injury is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

\_\_\_\_\_ NAME OF INDIVIDUAL \_\_\_\_\_ NAME OF INDIVIDUAL

- agrees that the following lower limit of liability for bodily injury applies with respect to the Uninsured Motorists Coverage afforded in the policy:  
\$ \_\_\_\_\_ each person (enter limit if applicable); \$ \_\_\_\_\_ each accident.
- agrees that the property damage only portion of the Uninsured Motorists Coverage afforded in the policy (applicable to motor vehicle(s) without Collision Coverage) is hereby deleted.
- agrees that the property damage only portion of the Uninsured Motorists Coverage afforded in the policy (applicable to motor vehicle(s) without Collision Coverage) is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

\_\_\_\_\_ NAME OF INDIVIDUAL \_\_\_\_\_ NAME OF INDIVIDUAL

- agrees that Uninsured Motorists Coverage provides property damage coverage to the following motor vehicle(s):  
Veh. No. \_\_\_\_\_ Veh. No. \_\_\_\_\_  
Veh. No. \_\_\_\_\_ Veh. No. \_\_\_\_\_
- agrees that the offer to waive the collision deductible for property damage in the event of a collision with an uninsured motor vehicle and a motor vehicle afforded Collision Coverage under the policy is hereby rejected.
- agrees that the waiver of the collision deductible for property damage in the event of a collision with an uninsured motor vehicle and a motor vehicle afforded Collision Coverage under the policy is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

\_\_\_\_\_ NAME OF INDIVIDUAL \_\_\_\_\_ NAME OF INDIVIDUAL

- agrees to accept the offer to waive the deductible under the Collision Coverage applying to the following covered auto(s), including trailer(s), in the event of collision with an uninsured motor vehicle:  
Veh. No. \_\_\_\_\_ Veh. No. \_\_\_\_\_  
Veh. No. \_\_\_\_\_ Veh. No. \_\_\_\_\_

\_\_\_\_\_ SIGNATURE OF INSURED \_\_\_\_\_ SIGNATURE OF INSURED

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

\*Section 11580.2(a)(2) of the California Insurance Code

**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.