

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



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641  
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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. Have you ever been declined, cancelled or non-renewed 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<br>Single Limit<br>BI & PD | Liability     |              |                    | Single Limit | Uninsured Motorist Coverage |              | Medical<br>Payments | Personal<br>Injury<br>Protection | Physical Damage                     |
|-------------------------------------|---------------|--------------|--------------------|--------------|-----------------------------|--------------|---------------------|----------------------------------|-------------------------------------|
|                                     | Split Limits  |              |                    |              | Split Limits                |              |                     |                                  | Complete Section<br>Below if Wanted |
|                                     | Bodily Injury |              | Property<br>Damage |              | Bodily Injury               |              |                     |                                  |                                     |
|                                     | Per Person    | Per Accident | Per Accident       |              | Per Person                  | Per Accident |                     |                                  |                                     |
|                                     |               |              |                    |              |                             |              |                     |                                  |                                     |

41. Liability limits for rentee: BI Per Person \$ \_\_\_\_\_ BI Per Accident \$ \_\_\_\_\_  
 PD Per 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)<br>Vehicle ID No. (VIN) | Anti-Theft<br>Devices<br>Yes<br>or No | Air-bags<br>Yes<br>or No | Licensed<br>Weight* | Anti-Lock<br>Brakes<br>Yes<br>or No | Lift or<br>Lift<br>Gate<br>Yes<br>or No | Dual<br>Rear<br>Axles<br>Yes<br>or No | Estimated<br>Annual<br>Mileage | Maximum<br>Radius of<br>Operations<br>(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: \_\_\_\_\_

**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?  Yes  No If yes, with whom \_\_\_\_\_

**IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.**

\_\_\_\_\_  
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 Agency's Office Binding Coverage)

\_\_\_\_\_  
Applicant's Representative's Name and Address

\_\_\_\_\_  
Phone No.