

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

**NEW ENGLAND EXCESS EXCHANGE**



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

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641  
800-548-4301 • www.neee.com

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**

| Liability                     |               |              | Statutory Uninsured Motorist Coverage Only | Supplemental Uninsured/Underinsured Motorist Coverage |               |            | Medical Payments | Personal Injury Protection | Physical Damage |
|-------------------------------|---------------|--------------|--|---|---------------|------------|------------------|----------------------------|-----------------|
| Combined Single Limit BI & PD | Split Limits  |              |  | Single Limit  | Split Limits  |            |                  |                            |                 |
|                               | Bodily Injury |              |  |   | Bodily Injury |            |                  |                            |                 |
|                               | Per Person    | Per Accident |  |   | Per Accident  | Per Person |                  |                            | Per Accident    |
|                               |               |              | <input type="checkbox"/>                   |   |               |            |                  |                            |                 |

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) 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: \_\_\_\_\_

