RENTAL VEHICLE INSURANCE APPLICATION

UNIVERSAL CASUALTY
RISK RETENTION GROUP, INC

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IMPORTANT INSTRUCTIONS

Please include the following information along with this application:

- Complete Current Rental Agreement
- Vehicle Schedule (including: value, year, make, model, VIN# and registrations)
- Loss Experience for the past 4 years plus current year, valued within the past 3 months
- Attach any proposed loss payees, additional insureds or certificate holders if applicable.

Effective date of coverage requested: _____

A quotation for the coverage requested under this application is needed no later than: _____

A) PLEASE PROVIDE US THE FOLLOWING GENERAL INFORMATION

1. Company Name (include DBA): _____
2. Mailing Address: _____
   City: _____ County: _____ State: _____ Zip: _____
   Business Address: _____
   City: _____ County: _____ State: _____ Zip: _____
3. Name(s) of Principal(s): _____
4. Email Address: _____ Website: _____
5. Person to Contact: _____
6. Telephone Number: _____ Mobile Phone: _____ Fax: _____
7. Company Applicant is: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____
8. FEIN: _____
9. System Affiliation (if applicable): _____
10. Number of years in rental business: _____
    Is this a start-up operation? ☐ Yes ☐ No
11. If Yes, please complete the following.
    A. Have you had any car rental industry experience? ☐ Yes ☐ No
    B. If Yes, please list company name, position and number of years experience: _____
12. Do you own or operate any other business? ☐ Yes ☐ No
13. Company Name: _____
14. Nature of Business: _____ Years in Operation: _____
15. Are all vehicles registered in the Company Name? ☐ Yes ☐ No If No, please list name and explain _____

16. Are there any seasonal fluctuations in the rental of vehicles? ☐ Yes ☐ No If Yes, please explain the fluctuation:

17. Do you maintain copies of rental agreements? ☐ Yes ☐ No If Yes, how long are the agreements maintained?

18. Provide estimates for upcoming year: No. of vehicles _____ Gross Receipts $_____

19. LIST LOCATION OF ALL RENTAL FACILITIES

Street	City	State	Zip	# of Vehicles

B) PLEASE TELL US ABOUT YOUR OPERATION

RENTERS:

1. Do you pick up and/or deliver vehicles to rental customers? ☐ Yes ☐ No
   If Yes, what is the furthest you will travel? _____
2. Are there any minimum age restrictions for the renters operating your vehicles? ☐ Yes ☐ No
   If Yes, please describe: _____
3. Please provide rental percentage type for the following categories: Business _____% Pleasure _____%
   International _____% Military _____% Insurance Replacement _____% Other (describe) _____
4. Do you rent vehicles for more than 30 days? ☐ Yes ☐ No
   If Yes, what is the longest length of time you will rent a vehicle? _____
5. Do you ask the purpose of each rental? ☐ Yes ☐ No
6. Do you ask where the rental vehicle will be travelling? ☐ Yes ☐ No
7. Is the renter's driving record questioned at the counter? ☐ Yes ☐ No
   If Yes, please explain the procedures for qualifying :
8. Do you verify renter's insurance? ☐ Yes ☐ No
   Please explain procedures for verifying the renter's insurance:
9. What percentage of renters have a personal auto policy? _____%
10. Do you have any special contracts to provide vehicles for preferred customers (Corporate, Government, Police Agencies or Military)? ☐ Yes ☐ No
    If Yes, please describe and include limits provided: _____
11. Are you currently engaged in any of the following types of rentals:
    A. Long Term Leasing (more than 12 months) ☐ Yes ☐ No

B. "Rent to Own" Rentals ☐ Yes ☐ No
C. "Rent it Here- Leave it There" Rentals ☐ Yes ☐ No
D. Limousine Rentals ☐ Yes ☐ No
E. Peer to Peer Rentals ☐ Yes ☒ No
F. Car Sharing ☐ Yes ☐ No
G. Internet Marketing i.e. Craigslist ☐ Yes ☐ No
H. Recreational Vehicle Rentals ☒ Yes ☐ No
I. Motorhome Rentals ☐ Yes ☐ No

If Yes to any of these please explain: _____

12. Please explain financial qualification procedure at time of rental:

☐ Credit Card _____% ☐ Cash Deposit _____% ☐ Other _____ _____%

13. Are rental vehicles available to be sold? ☐ Yes ☐ No

14. Do you have dealer plates? ☐ Yes ☒ No

15. Does your vehicle schedule include vehicles with salvaged titles? ☐ Yes ☐ No If Yes, what percentage: _____%

EMPLOYEES:

16. Are employees or principals allowed any personal use of vehicle(s) scheduled in this application? ☐ Yes ☐ No

If Yes, please list drivers: _____

17. Do you secure a Motor Vehicle Report on each employee? ☐ Yes ☐ No

18. Do you have any age requirements for employees who operate rental vehicles? ☐ Yes ☐ No

If Yes, please explain: _____

C) PLEASE TELL US ABOUT YOUR MAINTENANCE PROGRAM

1. Describe guidelines used to insure safe vehicle operating condition. If written guidelines are available, please attach to this application. _____

2. Do you service your own vehicles? ☐ Yes ☐ No If No, who does? _____

3. How often are your vehicles normally serviced? _____

4. Describe briefly the vehicle maintenance conducted prior to and after rental: _____

5. Do you have procedures for recalled vehicles? ☐ Yes ☐ No If Yes, please explain: _____

D) PLEASE TELL US ABOUT YOUR INSURANCE HISTORY FOR THE PAST FIVE YEARS

1. Current Insurance Carrier: _____

2. Policy Effective Date: _____ Expiration Date: _____

Policy Period	Insurance Company	Amt. of Liability Coverage	Comprehensive & Collision Ded.	Monthly Rate	Annual Premium	No. of Vehicles
-					$	
-					$	
-					$	
-					$	
-					$	

3. Do you offer Supplemental Liability Insurance Coverage? ☐ Yes ☐ No
   If Yes, who is your current carrier: _____
4. Current premium is based on: ☐ Per-Car- Per-Month Basis ☐ Percentage of Gross Receipts
5. Has any company, during the past three (3) years, cancelled or refused to renew your automobile insurance coverage? (Not applicable in Missouri) ☐ Yes ☐ No If Yes, please explain: _____

E) PLEASE TELL US THE AMOUNTS OF INSURANCE COVERAGE YOU REQUIRE *

1. Amount of Liability Coverage $ _____
2. Uninsured / Underinsured Motorist Coverage (as required by law) $ _____
3. Comprehensive Coverage Deductible Requested ($1,000 minimum) $ _____
4. Collision Coverage Deductible Requested ($1,000 minimum) $ _____
5. Other Coverages & Amounts $ _____
6. If Requesting Physical Damage coverage:
   A. Do you have any security measures in place to prevent theft? ☐ Yes ☐ No
      If Yes, please explain: _____
   B. Do you have a plan to safeguard your vehicles in the event hail, flooding or any other natural disaster?
      ☐ Yes ☐ No
      If Yes, please explain: _____
   C. Do you have any anti- theft equipment to prevent theft on your rental vehicles? ☐ Yes ☐ No
      If Yes, please explain: _____

Please note: conversion coverage is not offered under this program and the most we will pay for a "loss" in any one "accident" is the least of:

1. **The actual cash value of the damaged or stolen property as of the time of the "loss"**
2. **The cost of repairing or replacing the damage or stolen property; or**
3. **The amount shown in the vehicle schedule**

PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN THIS APPLICATION

I hereby apply for the insurance indicated above and represent that:

1) I have read this application.
2) The limits and coverages requested were selected by me.
3) All statements herein are true and accurate, to the best of my knowledge, and no material facts have been suppressed or misstated. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.
4) By signing this application, I authorize the insurer to obtain copies of motor vehicle reports for underwriting the indicated insurance, as well as the right to examine or inspect files, records, documents and equipment in order to determine the accuracy of the information stated herein.

The completion of this application creates no express or implied obligation on the part of the insurer or its manager to offer a quotation or provide insurance as requested in this application. If the insurance is provided, the policy will only cover the vehicles listed on the attached schedule for the coverages agreed. You must immediately notify the insurer in writing if there is any change in your equipment or operations, and all accidents must be reported promptly regardless of severity or fault.

MANDATORY STATE FRAUD WARNINGS

ALABAMA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF."

ARKANSAS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

COLORADO: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

DISTRICT OF COLUMBIA: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

HAWAII: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

KENTUCKY: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

LOUISIANA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

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

INSURANCE BENEFITS."

MARYLAND: "ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NEW MEXICO: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

OHIO: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

OKLAHOMA: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

OREGON: "ANY PERSON WHO, WITH THE INTENT TO KNOWINGLY DEFRAUD AN INSURER, MAKES A WILLFUL OR INTENTIONAL MISSTATEMENT, MISREPRESENTATION, OMISSION OR CONCEALMEANT OF INFORMATION THAT IS MATERIAL TO THE RISK INSURED MAY BE GUILTY OF INSURANCE FRAUD. MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS MUST EITHER BE FRAUDULENT OR MATERIAL TO THE INTERESTS OF THE INSURER IN ORDER FOR THE INSURER TO ASSERT A RIGHT TO REMEDY."

PENNSYLVANIA: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO $15,000."

RHODE ISLAND: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

TENNESSEE: "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 AND DENIAL OF INSURANCE BENEFITS."

VIRGINIA: "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 AND DENIAL OF INSURANCE BENEFITS."

WASHINGTON: "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 AND DENIAL OF INSURANCE BENEFITS."

WEST VIRGINIA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

ALL OTHER STATES: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

NEW YORK: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH

APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION."

Producer Signature	Named Insured Signature
Print Name of Producer	Print Name of Insured
Title	Title
Date	Date

Are you the incumbent producer? ☐ Yes ☐ No

Is this business sub-produced? ☐ Yes ☐ No If Yes, Sub Producer Name: _____

Sub Producer Address: _____

Tel: _____ Fax: _____ E-Mail Address: _____