

# 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 \_\_\_\_\_
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 \_\_\_\_\_



## REJECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, AND OFFER OF INCREASED UNINSURED LIMITS (ARKANSAS)

### I. UNINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), Uninsured Motorists Coverage provides insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of **bodily injury**, sickness or disease, including death, resulting therefrom.

Uninsured Motorists Coverage (Section 23-89-404) also provides insurance for the protection of persons insured thereunder for **property damage** to the insured for losses in excess of two hundred dollars (\$200). "Property damage" means damage to the insured's vehicle.

Under the law (Section 27-19-605), the minimum limits for Uninsured Motorists Coverage are:

- at least \$25,000 of coverage of bodily injury/death for each insured person who may be injured in any single accident, and
- at least \$50,000 of coverage of bodily injury/death for two or more insured people who may be injured in any single accident, and
- at least \$25,000 of coverage for property damage in any single accident.

#### A. Offer of Increased Limits or Selection of Minimum Limits

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), if you choose **not** to reject Uninsured Motorists Coverage, you, the insured named in the policy, have the right to purchase uninsured motorists coverage in limits up to the limits of third-party liability coverage you will carry under your automobile insurance policy. Alternatively, the law also permits you to reject any offered increased limits.

<b>Offer of Increased Limits of Coverage</b>				<b>Amount of Increased Premium (if any)</b>
\$25,000	/	\$50,000	/	Contact your agent for amount of increased premium.
_____	/	_____	/	
_____	/	_____	/	
_____	/	_____	/	
_____	/	_____	/	
_____	/	_____	/	
_____	/	_____	/	
_____	/	_____	/	
			or	\$75,000 Single Limit
			or	_____ Single Limit
			or	_____ Single Limit
			or	_____ Single Limit
			or	_____ Single Limit
			or	_____ Single Limit
			or	_____ Single Limit

**Choose one of the following ("X" indicates your choice) and complete the limits desired where indicated, if applicable.**

I wish to purchase increased limits of Uninsured Motorists Coverage.

If you marked this box, then you must specify the limits which you desire. These limits cannot exceed your third-party liability coverage.

I select: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or \_\_\_\_\_ Single Limit

I wish to **REJECT** the offer of any and all increased limits of Uninsured Motorists Coverage.

**B. Rejection**

The law permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage in its entirety or to reject the property damage only portion of the Uninsured Motorists Coverage. The law requires that if you **do not** reject Uninsured Motorists Coverage for **bodily injury**, the insurer will **automatically** provide you with the coverage in the minimum limits prescribed by law.

You may **not** reject Uninsured Motorists Coverage if increased limits of Uninsured Motorists Coverage is selected in Section A above.

**Choose one of the following, if applicable (“X” indicates your choice).**

- I hereby **REJECT** Uninsured Motorists Coverage. The Uninsured Motorists Coverage offered is completely removed and deleted from the policy.
- I hereby **REJECT** the property damage only portion of the Uninsured Motorists Coverage. The property damage only portion of the Uninsured Motorists Coverage offered is completely removed and deleted from the policy.

**II. REJECTION OF UNDERINSURED MOTORISTS COVERAGE**

Under Arkansas Insurance Laws (Section 23-89-209), Underinsured Motorists Coverage enables the insured or his/her legal representative to recover from the insurer the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle whenever the liability insurance limits of such other owner/operator are less than the amount of the damages incurred by the insured. Coverage shall not be reduced by the other party’s insurance coverage except to the extent the injured party would receive compensation in excess of his/her damages.

Underinsured Motorists Coverage is available **only if** Uninsured Motorists Coverage is **not** rejected above.

The law permits you, the insured named in the policy, to reject Underinsured Motorists Coverage.

**Mark the following, if applicable (“X” indicates your choice).**

- I hereby **REJECT** Underinsured Motorists Coverage. The Underinsured Motorists Coverage offered is completely removed and deleted from the policy. This coverage **MUST** be deleted if Uninsured Motorists Coverage is deleted.

\_\_\_\_\_  
Signature of Named Insured (Representing all insureds)

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number (if known)

**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 \_\_\_\_\_

**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.**

\_\_\_\_\_  
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.