



GMI
INSURANCE

P.O. Box 701
VALLEY FORGE, PA 19482
TEL 800-722-3229
FAX 610-933-4993
WWW.GMI-INSURANCE.COM

thank you

for your interest in GMI Insurance Services. I'm your contact for Rental Fleet Insurance:

DAVE BOND

DBond@GMI-Insurance.com
800.722.3229 ext 272
Fax 951.676.5253

Call me toll-free, or send me an email. I am happy to answer your questions.

For more information about the entire range of GMI Insurance Programs, visit us online:

www.GMI-INSURANCE.com

SUBMISSION REQUIREMENTS

- » GMI Application
- » Fleet List
- » 4 Years Loss Runs
- » Front & Back Copy of Rental Agreement

Sorry, motorcycles and exotics are ineligible for our program

Rental Fleet

Insurance Program: Auto/Truck/Motor Home

- Liability up to \$1,000,000 CSL
- Excess Liability up to \$5,000,000
- Physical Damage
- Garage Liability
- General Liability
- Property
- Counter Products *(may vary by state)*
 - PAI Personal Accident Insurance
 - PEI Personal Effects Insurance
 - SLI Supplemental Liability Insurance
 - RCP Renter's Collision Protection
- Start-up Operations Eligible



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**RENTAL FLEET
 INSURANCE PROGRAM**

**AUTO RENTAL SUPPLEMENTAL APPLICATION
 ATTACHED TO STATE SPECIFIC ACORD 137**

UNDERWRITING INFORMATION

Date Completed: _____ Proposed Effective Date of Coverage: _____

1. Named Insured: _____
 DBA: _____

2. Mailing Address: _____

Telephone: _____ Fax: _____
 E-mail: _____ Website: _____
 Fed ID #: _____ Years in operation: _____

3. Type of Business (check all that applies):

Individual _____	Partnership _____	Corporation _____
Franchise Rental _____	Independent Rental _____	Auto Rental _____
New Car Dealer _____	Used Car Dealer _____	Truck Rental _____
Repair Shop _____	Other _____	

4. List all locations:

	Street	City	State/Zip	Manager
a.	_____			
b.	_____			

5. Are there any business operations other than rental at these locations? Yes ___ (please list) No ___

a. _____

b. _____

6. Name(s) of principal(s):

	Name	Years experience	Position
a.	_____		
b.	_____		

Has any principal ever been affiliated with any other auto/truck rental company? Yes _____ No _____
 If yes, explain in detail _____

7. Year to date Gross Receipts: _____ Average Units: _____
Projected Gross Receipts next 12 months: _____ Projected Units: _____

PRIOR COVERAGE INFORMATION:

8. **Liability:**

Current Carrier: _____ Current Rate: _____
Effective Date of Policy: _____ Expiration Date of Policy: _____
Current Limit Owner: _____ Renter: _____
Has applicant ever had a liability deductible? _____
If yes when was deductible in place and how much was the deductible? _____

9. **Physical Damage:**

Current Carrier: _____ Current Rate: _____
Current Deductibles Comprehensive: _____ Collision: _____

10. If requesting physical damage do you have any security measures in place to prevent Theft? _____
If yes please explain.

11. **Uninsured/Underinsured Motorist:**

Do you currently reject Uninsured/Underinsured Motorist Coverage when allowed by law? _____

12. **Personal Injury Protection:**

Do you currently reject PIP coverage when allowed by law? _____

13. **Previous Loss Experience** (3 full years prior to current coverage shown above):

	Policy Period	Premium	Losses	Carrier
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____

14. Besides your Auto Rental Fleet insurance, do you have any other automobile or garage insurance?
If yes, please describe coverage:

	Type of Coverage	Insurance Co.	Policy	Eff/Exp Date	Seek Quote? Yes / No
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____

15. Has your commercial rental insurance ever been canceled or non-renewed for any reason? Yes _____ No _____
(does not need to be answered in state of Missouri)
If yes please explain circumstances behind cancellation or non-renewal: _____

COUNTER PROCEDURES AND RENTER QUALIFICATIONS:

16. Type of Rentals (%):

Business: _____ Pleasure: _____ Insurance Replacement: _____
Corporate Accounts: _____ Military: _____ Other (describe): _____

17. What Percentage of your business requires Corporate Limits? _____
Corporate limits required? _____

18. Do you have any age limitation? Yes _____ No _____
If yes, Min Age: _____ Max Age: _____

19. Please explain renter qualification procedure. _____

20. Are Additional Renters qualified the same as the Primary Renter? Yes _____ No _____

21. Do you have a rank limitation for military Renters? Yes _____ No _____
If yes, what is minimum rank required? _____

22. What are the qualifications for Foreign Renters? _____

23. Do you require an International Drivers License on Foreign Drivers? Yes _____ No _____

24. What percentage of rentals is: Cash _____ Credit Card _____

25. What are the qualifications for Cash Renters? _____

26. What Credit cards are acceptable? _____

27. Do you rent to someone using another's credit card? Yes _____ No _____

28. Do you compare Signatures at the Counter? Yes _____ No _____

29. Do you ask the purpose of each Rental? Yes _____ No _____

30. Do you ask where your vehicles are traveling? Yes _____ No _____

31. Do you allow your vehicles to leave your state? Yes _____ No _____
a. If yes what percentage of your rentals leave the state _____%

32. Is renter's driving record questioned at the counter? Yes _____ No _____

33. Is MVR screening system used at counter? Yes _____ No _____

34. Is renters insurance verified at counter? Yes _____ No _____
a. What percentage of your renters are uninsured? _____%

35. Do you verify phone and address at counter? Yes _____ No _____
36. Do you verify employment at the counter? Yes _____ No _____
37. Do you rent for more than 30 days? Yes _____ No _____
 If yes describe procedures and qualifications for 30-day rentals. _____
-

38. Do you rent vehicles used to carry passengers for hire? Yes _____ No _____

39. Do you allow after hours drop-offs? Yes _____ No _____
 If yes, please describe Drop-off Procedures:

40. Do you "Rent to own" any of your vehicles? Yes _____ No _____

41. Do you allow one-way rentals? Yes _____ No _____
 If yes, please provide one-way procedures:

42. Do you currently use auto rental software? Yes _____ No _____
 If Yes, what system do you use: _____

If No, are you planning on purchasing software in the upcoming year? Yes _____ No _____

43. Would you like information on auto rental software? Yes _____ No _____

44. If you do not use software are your rental contracts numbered? Yes _____ No _____

45. If you do not use software, what safeguards are in place to protect yourself from unauthorized rentals and invalid coverage entry? _____

FLEET INFORMATION

46. Fleet Profile (average number or percentage):

Private Passenger _____	Mini-vans _____	Exotic _____
Trucks (specify GVW) _____	15 Pass Vans _____	Pick-ups _____
Service Vehicles _____	Cargo Vans _____	Shuttles _____
Other (specify) _____		

47. Do you hold any vehicles that are to be insured but not available for rent? Yes _____ No _____
 If yes, please list and explain these vehicles:

48. Describe maintenance procedures: _____

49. Are maintenance records kept for each fleet vehicle? Yes _____ No _____

50. Who performs the maintenance and repairs on your vehicles? _____

- 51. Do you check insurance information on all your vendors? Yes _____ No _____
- 52. Do you perform a walk-around prior to and after rental? Yes _____ No _____
- 53. Do you have procedures in place to secure your fleet from impending Natural disasters? Yes _____ No _____
- 54. Do you have procedures in place to remove recalled vehicles from fleet? Yes _____ No _____

EMPLOYEE INFORMATION

- 55. Are employees allowed personal use of fleet vehicles? Yes _____ No _____
 If yes, do you execute a rental agreement for after hours travel? Yes _____ No _____
- 56. Do you check MVRs prior to hiring new employees? Yes _____ No _____
- 57. What controls, if any, are in place to monitor employee driver safety? _____

- 58. Does your company have a formal drug-testing program? Yes _____ No _____
- 59. Is there a counter-worker Rental training program? Yes _____ No _____
 Please describe training procedures. _____

COUNTER PRODUCTS (THIS COVERAGE MAY NOT BE AVAILABLE IN YOUR STATE)

- 60. Do you offer Supplemental Liability Insurance? Yes _____ No _____
 Current Carrier _____ Current SLI Rate _____
 What % of your rentals includes SLI? _____% Average # of SLI rental days per month _____
 Have you ever had any SLI losses? Yes _____ No _____ Explain _____
- 61. Do you offer Collision Damage Waiver (CDW)? Yes _____ No _____
 If Yes, what percentage of your rentals includes CDW? _____%
 If Yes, what percentage of your CDW rentals is Cash rentals _____%
- 62. Do you offer Personal Accident/Effects Coverage Yes _____ No _____
 Current Carrier _____ Current PAI Rate _____
 What % of your rentals includes PAI? _____% Average # of PAI rental days per month _____
 Have you ever had any PAI losses? Yes _____ No _____ Explain _____
- 63. Does your state require a limited license? Yes ___ No ___ Are you currently licensed? _____
 If requesting a quote for SLI or PAI/PEI, attach a copy of your current state license when required.
- 64. Is there a counter-worker training program for Counter Products? Yes _____ No _____

ATTACHMENTS

Please include the following with this application:

- A. Copy of all current rental agreements (front & back) and all addendums
- B. Current vehicle schedule showing Year, Make, Model and VIN
- C. Four (4) Years, Hard Copy loss runs valued within the past two (2) months
- D. Maintenance Schedule Form

REFERENCES

Bank Reference	Bank Contact	Account Number	Phone Number
_____	_____	_____	_____
Vendor Reference	Vendor Contact	Account Number	Phone Number
_____	_____	_____	_____
Credit Card Reference	Credit Card Number	Expiration Date	
_____	_____	_____	

HAVE YOU OR A COMPANY YOU HAVE OWNED EVER FILED FOR BANKRUPTCY?

Yes _____ No _____ If yes, please explain circumstances:

This application may not be used to bind coverage and no coverage commences: Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. Coverage will commence only upon the effective date of a separate contract binding insurance coverage issued by an agent authorized by the company.

Signature: I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company. In addition, I authorize any prior insurance carrier to release underwriting and claim information to GMI INSURANCE for the purposes of qualifying my business for the coverage requested.

Principals Signature: _____ Date: _____

Principals Signature: _____ Date: _____

Applicants Signature: _____ Date: _____

Applicants Title: _____

Agents Signature: _____ Date: _____