



**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:

## **CARTER TRUDEL**

Carter@GMI-Insurance.com  
800.722.3229 ext 21  
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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](http://www.GMI-INSURANCE.com)**

### ***SUBMISSION REQUIREMENTS***

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

## **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: \_\_\_\_\_

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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: \_\_\_\_\_