

# 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 \_\_\_\_\_



# IMPORTANT NOTICE

## WRITTEN OFFER OF UNINSURED AND UNDERINSURED BODILY INJURY AND UNINSURED PROPERTY DAMAGE MOTORIST COVERAGES AND SELECTION OR REJECTION OF SUCH COVERAGES

**This notice will attach to and become part of the policy. Please read it carefully.**

**This notice is intended to provide only a general description of the uninsured and underinsured motorist coverages available for bodily injury and property damage. The description in this notice is not meant to replace the coverage provisions of the policy which contain specific descriptions, definitions, exclusions, and conditions as allowed by Ohio law and approved by the Ohio Superintendent of Insurance. By executing this notice the named insured acknowledges having reviewed the policy form. The insurance company recommends that the named insured consult with their insurance agent or advisor before selecting a lower limit of coverage for any uninsured and underinsured motorist coverage or rejecting any coverage.**

### UNINSURED AND UNDERINSURED MOTORIST BODILY INJURY COVERAGE

The Ohio Revised Code Section 3937.18 requires that uninsured and underinsured motorist bodily injury coverage be offered at a limit equal to the limit of the motor vehicle liability coverage in the policy. A named insured or applicant may accept the coverage at that limit. In the alternative, a named insured or applicant may select a limit that is lower than the motor vehicle liability coverage limit. The selected limit may not be lower than the minimum limit set forth in Ohio Revised Code Section 4509.20. Alternatively, a named insured or applicant may reject uninsured and underinsured motorist coverage entirely. This notice constitutes the insurance company's written offer of uninsured and underinsured motorist bodily injury coverage options pursuant to Ohio law.

Uninsured motorist coverage provides protection for insureds who are legally entitled to recover from owners or operators of uninsured motor vehicles because of bodily injury, sickness, or disease, including death, suffered by any person insured under the policy, subject to the terms and conditions of the policy. Underinsured motorist coverage provides protection for insureds for bodily injury, sickness, or disease, including death, suffered by any person insured under the policy, where the limits for coverage available for payment to the insured under all bodily injury liability bonds and insurance policies covering persons liable to the insured are less than the limits for the insured's uninsured motorist coverage, subject to the terms and conditions of the policy. Underinsured motorist coverage is not excess to other applicable liability coverages, and only affords the insured an amount of protection not greater than that which would be available under the insured's uninsured motorist coverage if the person or persons liable were uninsured at the time of the accident. The policy limits of the underinsured motorist coverage are reduced by those amounts available for payment under all applicable bodily injury bonds and insurance policies covering persons liable to the insured.

Uninsured and underinsured motorist coverages must be written for the same limit of liability.

- I accept the offer of uninsured and underinsured motorist bodily injury coverage at the limit equal to the combined single limit of the policy's motor vehicle liability coverage. I have requested a motor vehicle liability combined single limit of \$\_\_\_\_\_. The premium charged for uninsured and underinsured motorist bodily injury coverage at this limit is \$\_\_\_\_\_.

**OR**

- I select uninsured and underinsured motorist bodily injury coverage at a limit that is lower than the combined single limit of the policy's motor vehicle liability coverage but not lower than the minimum limit set forth in Ohio Revised Code Section 4509.20. (Indicate selection in the checkbox of the SELECTION column below.)

<u>COMBINED SINGLE LIMIT</u>	<u>SELECTION</u>	<u>PREMIUM</u>
1. \$ _____	1. <input type="checkbox"/>	\$ _____
2. \$ _____	2. <input type="checkbox"/>	\$ _____
3. \$ _____	3. <input type="checkbox"/>	\$ _____
4. \$ _____	4. <input type="checkbox"/>	\$ _____
5. \$ _____	5. <input type="checkbox"/>	\$ _____
6. \$ _____	6. <input type="checkbox"/>	\$ _____
7. \$ _____	7. <input type="checkbox"/>	\$ _____
8. \$ _____	8. <input type="checkbox"/>	\$ _____
9. \$ _____	9. <input type="checkbox"/>	\$ _____
10. \$ _____	10. <input type="checkbox"/>	\$ _____
11. \$ _____	11. <input type="checkbox"/>	\$ _____

**OR**

- I reject uninsured and underinsured motorist bodily injury coverage entirely. No premium will be charged for these coverages. I understand that the policy will not provide any uninsured or underinsured motorist coverage for bodily injury, sickness, or disease, including death, received in an accident with an uninsured or underinsured motor vehicle.

UNINSURED MOTORIST PROPERTY DAMAGE  
COVERAGE OPTIONS

Ohio Revised Code Section 3937.181 requires that the insurance company offer uninsured motorist property damage coverage. The insurance company offers uninsured motorist property damage coverage for the protection of those persons insured under the policy who are legally entitled to recover for damage to, or the destruction of, any automobile or motor vehicle specifically identified in the policy from the owner or operator of an uninsured motor vehicle, subject to the terms and conditions of the policy. The coverage is subject to a limit of the lesser of \$7500 or the amount otherwise available from the policy for damages to, or the destruction of, the automobile or motor vehicle. The coverage is subject to a \$250 deductible. The coverage does not apply to autos with collision insurance coverage. This notice constitutes the insurance company's written offer of uninsured motorist property damage coverage as described in this paragraph pursuant to Ohio law.

- I select uninsured motorist property damage coverage offered as described in the previous paragraph for those automobiles or motor vehicles specifically identified in the policy which have no collision insurance coverage. The premium for this coverage is \$\_\_\_\_\_.

**OR**

- I reject uninsured motorist property damage coverage entirely either because I have chosen not to purchase the coverage or because all those automobiles and motor vehicles specifically identified on the policy have collision insurance coverage. No premium will be charged for this coverage. I understand that the policy will not provide any uninsured motorist property damage coverage in an accident with an uninsured motor vehicle.

ACKNOWLEDGMENT

By signing below, I acknowledge that:

- 1) I understand that until I advise the insurance company otherwise in writing, the selection, as indicated above for both bodily injury uninsured and underinsured motorist coverage and property damage uninsured motorist coverage, will continue regardless of all subsequent renewals, replacements, substitutions or amendments of the policy and will be carried forward without additional notice.
- 2) I have fully read and understand the purpose and content of this form, and the consequences of my selection have been disclosed.

- 3) I have been informed of the premiums for each of the uninsured and underinsured motorist coverage options.
- 4) I am aware that the selection binds me as well as all named insureds, insureds, applicants, or other persons or organizations that may be eligible for coverage under this policy and all renewals, substitutions and amendments of this policy, regardless of whether those persons were eligible for coverage at the time I executed this form.
- 5) I am legally authorized to make this selection for all persons or organizations that are named insureds or applicants on this policy.

INSURANCE COMPANY NAME: \_\_\_\_\_

NAMED INSURED(S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZED SIGNATURE(S): \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**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, 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.**

\_\_\_\_\_  
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.