SECURE
NET
INSURANCE
SERVICES

Licensed in CA, AZ, NV, TX

DAILY RENTAL APPLICATION

Date _____

1. Business Name _____

2. SIC # _____ Fein # _____

3. Address: _____
   Street   P.O. Box

   _____
   City   State   Zip Code

   Telephone number: _____ Fax: _____

   Billing Contact Name: _____

   Name(s) of Principal(s): _____

   Social Security Number(s) of Principal(s): _____

   Date(s) of Birth of Principal(s): _____

4. Business is: ☐ Individual   ☐ Partnership   ☐ Corporation

5. System Affiliation: _____

6. Number of Years in Rental Business and Background of Owner and Manager(s) :

   _____

   (For Start-up, please include Business Plan and Resume of Owner and Manager(s))

7. Number of Company Employees? _____

8. Are Employees allowed personal use of vehicle fleet ?   ☐ Yes   ☐ No

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

10. List of employees:

NAME	DATE OF BIRTH	DRIVER'S LICENSE NUMBER
1.		
2.		
3.		
4.		
5.		

   (For additional employees, please list employee information on a separate sheet and attach to application)

11. What types of controls are in place to monitor Driver Safety ?

   _____

12. Locations:

LOCATION ADDRESS (CITY, STATE)	NO. OF CARS	NO. OF TRUCKS (OVER 10,000. LBS GVW)	MANAGER

If vehicles over 10,000. lbs. GVW, which locations ?

_____

13. Does applicant have Operations other than Short Term Auto Rentals ? _____

Long Term Leasing _____ ,Used Car Sales _____ , Body Shop _____ , Repair Garage _____

Parking Facility _____ , Limo Service _____ ,Valet/Shuttle Service _____ , Other (Please Specify)

_____

14. Will applicant rent vehicles used to carry Passengers for Hire ? _____

15. Is Applicant applying to insure vehicles other than those used for Daily Rental ? _____
    If Yes, explain:

(Attach Vehicle Schedule for these Units)

16. Current Carrier: _____ Current Rate: _____

Rating Basis: _____ Policy Period: _____ to _____
Method for Premium Calculation:

Gross Revenue _____ Scheduled PCPM _____

Unscheduled PCPM _____

Estimated Gross Revenue for Next 12 Months: _____

17. Prior Carrier Information/Exposure Data: Previous experience (past 3 full years, plus current year) Attach currently

Valued Loss Runs:

Policy Period	Insurance Carrier	Average Number of Units		Time and Mileage Gross Revenue
		Cars	Trucks	

(Complete Addendum A - Monthly Exposure Data)

18. Has Applicant ever had a Liability Deductible ? If so, when ? What Deductible ?

_____

19. Limit of Liability:

	Current Coverage	Desired Coverage (If Same, write "Same")
Owner:		
Renter:		
** Uninsured Motorist		
PIP		
*Comprehensive		
*Collision		

Pick & Choose Basis		

If so, Number of Units per year		
Other:		

* Has Comprehensive/Collision deductible ever been different ? ☐ Yes   ☐ No

If yes, what Policy Period and what Deductible ? _____

** Do you currently reject Uninsured Motorist Coverage and Stacking Option when allowed by Law ?

☐ Yes   ☐ No   If yes, describe procedure used to do so:

_____

20. If requesting Physical Damage Coverage, what security measures are taken to prevent theft ?

_____

21   Present Counter Practices (Brief Description)
(Attach sample of each Rental Contract currently in use.)

Age limitation, if any : _____

Credentials: How do you qualify renter ? _____

What credit cards are acceptable ? _____

Will you rent to someone using another person's credit card ? _____

Do you ask where the vehicle will be driven and what its use will be ? _____

Do you require Renter to provide proof of applicable insurance ? ☐ Yes ☐ No   If Yes, how do you qualify proof of insurance ?

_____

How are additional authorized drivers qualified ? _____

                                    Relationship: _____

Do you secure a Motor Vehicle Report on each driver ? _____

Do you allow cash rentals ? ☐ Yes ☐ No   If Yes, explain controls:

_____

How are military rentals qualified ? _____

How are foreign drivers qualified ? _____

Do you accept all reservations ? ☐ Yes ☐ No   Do you take cash deposits ☐ Yes ☐ No   If yes, what is the criteria for accepting ? _____

Do you advertise ? ☐ Yes ☐ No   If Yes, where ? _____

Do you do a signature comparison ? _____

Do you verify phone number on local rentals ? _____

What are you business hours ? _____

Is there a place on the contract for renter's birth date ? ☐ Yes ☐ No

Do you rent without reservations ? ☐ Yes ☐ No

Additional Counter Procedures:

_____

How do you train counter personnel ? _____

Do you use a training manual ? _____

How are they paid ? _____

22. Rental customer:

Type of Rental (Indicate % of your business in each category):

Personal _____ Business _____ Insurance Replacement _____

Military _____ Other (specify) _____ _____

% of rentals that pay with Cash : _____

% of rentals using Corporate Account Credentials: _____

Are System Corporate Accounts afforded higher Limits of Liability ? ☐ Yes ☐ No   If Yes, what limits are provided to Corporate Accounts ? _____

23. Fleet Description – Average Number or Percentage
    (Attach Current Fleet List)

Full Size	_____	Intermediates	_____	Compacts	_____
Luxury	_____	Service Vehicles	_____	Trucks	_____
Cargo Vans	_____	Passenger Vans	_____	# of Passengers	_____
Other	_____				

% of Vehicles   Owned _____   Leased _____

* Describe any Units over 10,000 lbs. GVW (attach list incl. GVW) _____
* Describe any Units over 20,000. Lbs. GVW (attach list incl. GVW) _____
* Enclose **Supplemental Truck Rental Application.**

24. Describe your hiring and training practices for new personnel:

_____

25. Describe briefly the maintenance procedure conducted prior to and after rental:

_____

26. Are maintenance records kept for each vehicle in fleet ?   ☐ Yes   ☐ No   If Yes, explain :

_____

27. Who performs the maintenance and repairs of vehicle fleet ?

_____

THE FOLLOWING INFORMATION MUST BE ATTACHED TO EACH APPLICATION:

☐ Current Rental Agreement (front and back)
☐ Vehicle Schedule Showing Year, Make, Model and **Complete VIN**
☐ Loss Experience for past Three Years plus Current Year on Insurance Company Letterhead or Computer Report valued within the past Three Months
☐ Addendum A – Monthly Exposure Report
☐ Photograph – Each Location
☐ List of Additional Insureds, Loss Payees, and Certificate Holders (with addresses)
☐ For Property and General Liability proposal, attach specific ACCORD Applications.

Broker of Record Authorization – The signing of this application does NOT bind the applicant or the Insurance Company to the insurance. It is agreed that the information contained herein shall be the basis of the contract should one be issued.

Philadelphia Insurance Companies or its Authorized Representative is hereby authorized to conduct such inquiries as necessary to verify all information contained in this Application. Said inquiries my include the procurement of a Consumer Credit Report and Criminal Conviction Record.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

_____   _____
_____   _____
_____   _____
Date   Signature(s) of Principal(s)

_____   _____
Date   Signature of Producer

ADDENDUM A

MONTHLY EXPOSURE DATA – PAST THREE YEARS, PLUS CURRENT YEAR

_____ **TO** _____
YEAR

	Time and Mileage Gross Revenue	Average Units
JAN		
FEB		
MAR		
APR		
MAY		
JUN		
JUL		
AUG		
SEP		
OCT		
NOV		
DEC		

_____ **TO** _____
YEAR

	Time and Mileage Gross Revenue	Average Units
JAN		
FEB		
MAR		
APR		
MAY		
JUN		
JUL		
AUG		
SEP		
OCT		
NOV		
DEC		

_____ **TO** _____
YEAR

	Time and Mileage Gross Revenue	Average Units
JAN		
FEB		
MAR		
APR		
MAY		
JUN		
JUL		
AUG		
SEP		
OCT		
NOV		
DEC		

_____ **TO** _____
YEAR

	Time and Mileage Gross Revenue	Average Units
JAN		
FEB		
MAR		
APR		
MAY		
JUN		
JUL		
AUG		
SEP		
OCT		
NOV		
DEC		

Fraud Notice

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: 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.

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

NOTICE TO MAINE AND VIRGINIA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "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."

NOTICE TO NEW MEXICO APPLICANTS: "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."

NOTICE TO TENNESSEE APPLICANTS: "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."