

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? _____

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

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 _____

OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE

I. **EXPLANATION OF COVERAGES**

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. **Automobile liability insurance coverage** pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. **Bodily injury coverage** is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. **Property damage coverage** is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000.00 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000.00 in property damage coverage for each accident which you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25/50/25. These limits are commonly known as **minimum limits**. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect *you* in the event *you* are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for uninsured property damage claims.

You also have the right to buy **additional** uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, *if you reject* either one of these coverages upon this form and if you are involved in an automobile accident, then this form may be used by your insurance company as *evidence against you* if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, then *you must* then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company *must* answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

Office of Consumer Services
State of South Carolina Department of Insurance
300 Arbor Lake Drive, Suite 1200
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467
E-mail Address: CnsmMail@doi.state.sc.us

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

Limits of Coverage

\$25,000 / \$50,000 / \$25,000

Your Policy's Liability Coverage Limits:

Amount of Increased Premium

(These increased premium charges must be filled in by your insurance agent prior to your decision and signature.)
Minimum limits of uninsured motorist coverage are automatically provided by your insurance policy.

Do you wish to purchase additional uninsured motorist coverage? YES _____ NO _____

If your answer is "no," you must then sign here. _____

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select _____ / _____ / _____

III. OFFER OF UNDERINSURED MOTORIST COVERAGE

Limits of Coverage

\$25,000 / \$50,000 / \$25,000

Your Policy's Liability Coverage Limits:

Amount of Increased Premium

(These increased premium charges must be filled in by your insurance agent prior to your decision and signature.)

Do you wish to purchase additional underinsured motorist coverage? YES _____ NO _____

If your answer is "no," you must then sign here. _____

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select _____ / _____ / _____

IV. APPLICANT'S ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read – or I have had read to me – the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Today's Date: _____

Type or Print Your Name: _____

Your Signature: _____

Your Address: _____

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 _____

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.