



ZURICH

Auto Rental Application

Please complete this application, print it and Fax to: 402-963-5078

FOR COMPANY USE:

Agent Name: _____ Agent Code: _____
 Agency Name: _____ Sub Code: _____
 Quotation: _____
 Policy Effective Date: _____ Expiration Date: _____
 NEW or RENEWAL

GENERAL INFORMATION

1. **Applicant Name:** _____
 DBA (if any): _____
 Mailing Address: _____
 Phone Number: () _____ Direct Bill or Reporting
 Contact Name/Title: _____
 E-mail: _____ FEIN: _____
 Type of Business Individual Corporation Partnership Limited Liability Company Other _____
 List all other Policies or Applications with Zurich: _____

2. Premises/Location Address (if more than 10, attach separate sheet)

LOC.	Primary Loc	STREET	CITY	STATE	ZIP Code	COUNTY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

3. Owners and Officers

Full Name	Title	% Ownership	Years W/Firm*	Active	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If less than two years, attach employment resume to describe applicants previous experience with the auto rental industry.

Year Business Established: _____

4. Business Operations

Indicate the percentage of each in relation to total operation. This includes any work or operation performed on or for owned vehicles.)

* Retail/Wholesale/Consignment Sales	* Public Parking
Truck Rental or Leasing	* Public Shuttle or Bus Service
Daily Auto Rental	* Public Car Wash Facility
Long Term Auto Leasing	* Car Wash Facility for Fleet only
Consigned Rentals	Sale of Rental Counter Products
* Rent To Own	Other: Describe:

*If applicant conducts any of these operations for customers or themselves, provide a brief description in the Narrative and provide percentage (%) of Gross Sales.

RENTAL INFORMATION

5. Fleet Exposures:

- a. Total number of current rental units: _____
- b. Average number of rental units during: Current Yr: _____ 1st Prior Yr. _____ 2nd Prior Yr. _____
- c. Maximum number of units anticipated? _____
- d. Using your average number of units available for rent during a month, what percentage (%) are rented? _____%
- e. Do you allow rentals for more than 30 days? Yes No

6. a. Type of Rental Operations (indicate percentage):

- | | | | |
|--|--------|---|--------|
| (1) Insurance Replacement | _____% | (5) Local Rentals (Dealer Customers Only) | _____% |
| (2) Other Replacement (Service & Repair) | _____% | (6) Local Rentals (Street Rentals) | _____% |
| (3) On-Airport (Counter/booth on Airport Premises) | _____% | (7) Local Rentals (Other Than Above) | _____% |
| (4) Off-Airport | _____% | (8) Other _____ | _____% |

b. If Insurance Replacement:

- (1) Who Refers Business To You? _____
- (2) Is There A Contract? Yes No Who Provides Primary Coverage? _____
- (3) Are Special Limits Needed? Yes No What Limits? _____

c. If Any Airport Operation:

- (1) Percentage Of Vacation Travelers? _____%
- (2) Percentage Of Business Travelers? _____%
- (3) Percentage Of Foreign Travelers? _____% From Where? _____

7. Name Code (check appropriate boxes)

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> (1) Hertz | <input type="checkbox"/> (5) Thrifty |
| <input type="checkbox"/> (2) Budget | <input type="checkbox"/> (6) Dollar |
| <input type="checkbox"/> (3) Avis | <input type="checkbox"/> (7) _____ |
| <input type="checkbox"/> (4) National | <input type="checkbox"/> (8) _____ |

8. System Type:

- a. Corporate Location: Yes No
- b. Licensee/Franchisee: Yes No
- c. Independent: Yes No

- 9. a. What Percentage Of Units Are Rented To Businesses For Commercial Use? _____%
- b. Percentage Units Rented To Government/Military Customers? _____%

10. Security: (check all that apply)

- Vehicle Lot Is Fenced and Gated:
- Rental Units Have Security Devices: (GPS, Alarms, LoJack / OnStar Tracking, etc.) Describe: _____

11. Age of Rental Units (enter number of units)

- | | | | |
|-------------------------|-----------------------|-------------------------|---------------------------|
| (0) Current Model _____ | (4) 4 years old _____ | (8) 8 years old _____ | (12) 12 yrs & older _____ |
| (1) 1 year old _____ | (5) 5 years old _____ | (9) 9 years old _____ | |
| (2) 2 years old _____ | (6) 6 years old _____ | (10) 10 years old _____ | |
| (3) 3 years old _____ | (7) 7 years old _____ | (11) 11years old _____ | |

12. Type of Rental Units (enter number of units)

(1)	Private Passenger Autos	
(2)	Mini Vans	
(3)	Cargo Vans	
(4)	Pickups	
(5)	High/Sports Performance	
(6)	Full Size 7 Passenger Vans	
(7)	Full Size 12 Passenger Vans	
(8)	Off road vehicles	
(9)	Trailers Under 2,000 lbs.	
(10)	Motorhomes/R.V.'s Class A's	
(11)	Trucks under 10,000 GVW	
(12)	Trucks between 10-20,000 GVW	
(13)	Trucks between 20-40,000 GVW	
(14)	Trucks over 40,000 GVW	

(15)	Trailers Over 2,000 lbs.	
(16)	Conversion Van Class B	
(17)	Mini Motor Home Class C	
(18)	Tent Pop Up Trailer	
(19)	Travel Trailers	
(21)	Shuttle Vans	
(23)	5 th Wheel Trailer	
(24)	Truck Campers	
(25)	Motorcycles	
(26)	Low Speed Electric	
(27)	Full Speed Electric	
(28)	15 Passenger Vans	
(29)	Antiques	
(30)	Exotic	
	Other:	

13. Vehicle Maintenance Procedures

- a. Do you have formal written maintenance procedures? Yes No (Attach a copy)
- b. Is all vehicle maintenance performed by you? Yes No
- (1) If yes,
- (a) Are formal Training Programs in place for Technicians? Yes No
- (b) Do you have a garage policy? Yes No

Carrier	Policy Number	Limit	Expiration Date

(2) If no, complete the following:

- (a) Is any repair work sub-contracted to others? Yes No
- (b) Are certificates of insurance required? Yes No
- (c) List types(s) of repair sub-contracted and to whom:

Type of Repair or Maintenance	Name of Subcontractor

- c. Does the Fleet Maintenance Program require records be kept for duration autos are in fleet? Yes No
- d. Is a service/safety checklist completed before each rental? (Attach a copy) Yes No
- e. What is the maximum mileage accumulated on your autos before you will no longer allow them to be rented or leased? _____

14. Account Management Practices:

- a. How many autos are furnished for personal use? _____
Describe management controls for furnished autos in Narrative.
- b. Do you provide transportation of customers to or from rental location(s)? Yes No For Hire? Yes No
If yes, how: Dedicated Shuttles or Rental Fleet Autos
- c. Do you lend vehicles to other rental operations? Yes No
- d. Do you allow One-way Rentals? Yes No
- e. Other business activities involving the insured's vehicles, other than driving for service, repair or maintenance purposes? Yes No
If yes, describe: _____
- f. Any vehicles in fleet under a Salvage Title? Yes No
If Yes, list vehicles: _____

15. Counter Practices:

- a. Are there formal Training Programs in place for Counter Personnel? Yes No
- b. Are there verifiable Written Counter Procedures? If Yes, Attach a Copy. Yes No
- c. Are there verifiable established claims reporting procedure? If Yes, Attach a Copy. Yes No
- d. Is the Rental Agreement in conflict with state statutes? If Yes, Attach a Copy. Yes No
- e. Do you verify the rentee driver's license is valid?
Required Rentee minimum age: Yes No
- f. Do you photo copy the drivers license and keep with Rental Agreement? Yes No
- g. Do you verify insurance for all rentals?
What percentage do you verify? Yes No
____%
- h. Do you offer Collision Damage Waiver? If Yes:
What is the percentage of total rentals?
What is Maximum Limit the Rentee is responsible for? Yes No
____%
\$_____
- i. Are all drivers listed on the Rental Agreement? Yes No
- j. Do you allow rental vehicles to be taken into Mexico? Yes No
- k. Do you allow rental vehicles to be taken into Canada? Yes No
- l. Do you allow Cash/Debit card rentals?
Percentage of cash/debit rentals to total rentals? Yes No
____%
- m. Do you secure rental with deposit? Yes No

16. Additional Insureds

Name	Address Include: City, State, Zip	Relationship

17. Other filings/Evidence of Insurance/Loss Payees

Name	Address Include: City, State, Zip	Type Filing/Evidence

18. Autos used in Rental business but not available for rent (i.e. shuttles, service vehicles, tow vehicles, etc.)

Year	Make	Model	VIN (include Full VIN #)	Passenger Capacity	Value	Use

Attach separate list if necessary.

AUTO RENTAL COVERAGES

19. Does the rental agreement language provide primary coverage to the rentee? Yes No

20. Liability

- a. Self Insured Retention (funded liability deductible): Yes No
 \$5,000 CSL \$10,000 \$25,000 Other \$_____ \$_____ \$_____
- b. Excess Liability limit (owner only) Yes No If No, state F.R. applies.
 \$100,000 CSL \$300,000 \$500,000 1,000,000 \$_____ \$_____
- c. Are Corporate Limits endorsement needed? Yes No
 If yes, what limits? \$_____ \$_____
 What percentage of your business is subject to this limit? ___% ___%

21. Physical Damage

- a. Other than collision
 (1) Specified Causes of Loss Yes No Deductible \$_____ Deductible \$_____ Deductible \$_____
 (2) Comprehensive Yes No Deductible \$_____ Deductible \$_____ Deductible \$_____
 b. Collision Coverage Yes No Deductible \$_____ Deductible \$_____ Deductible \$_____
 c. Fleet average unit value: \$_____ Attach vehicle schedule with values per unit.

22. Catastrophe Coverage

- a. Per Occurrence Limit \$_____ Deductible \$_____
- b. If multiple locations, what are the values at each location?
 Loc 1 \$_____ Loc 2 \$_____ Loc 3 \$_____ Loc 4 \$_____

23. Uninsured Motorists (UM)

In some states uninsured motorist coverage is optional. By purchasing this coverage your rates will be increased. Do you want this coverage in the state you have owned locations?

Uninsured Motorists Yes No If yes, indicate limit if other than basic. \$_____

Signed individual state selection/rejection forms are required before coverage can be bound.

24. Underinsured Motorists (UIM)

In some states underinsured motorist coverage is optional. By purchasing this coverage your rates will be increased. Do you want this coverage in the state you have owned locations?

Underinsured Motorists Yes No If yes, indicate limit if other than basic. \$_____

Signed individual state selection/rejection forms are required before coverage can be bound.

25. No-Fault Coverage

In some states No-Fault coverage is optional. By purchasing this coverage your rates will be increased. Do you want this coverage in the state you have owned locations?

No-Fault Coverage Yes No If yes, indicate limit if other than basic. \$_____

Signed individual state selection/rejection forms are required before coverage can be bound.

26. Medical Payments Coverage

In some states Medical Payments coverage is optional. By purchasing this coverage your rates will be increased. Do you want this coverage in the state you have owned locations?

Medical Payments Coverage Yes No If yes, indicate limit if other than basic. \$_____

Signed individual state selection/rejection forms are required before coverage can be bound.

27. Optional Endorsements

- | | |
|--|--|
| <p>a. Liability</p> <p>(1) Non-Owned Coverage (Drive Other Car) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(2) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Physical Damage</p> <p>(1) Factory Repurchase Program Depreciation Buyback <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(2) Limited Mexico Coverage with Theft <input type="checkbox"/> Yes <input type="checkbox"/> No
 (Only in AZ, CA, NM, TX – Refer to Company)</p> <p>(3) Limited Mexico Coverage without Theft <input type="checkbox"/> Yes <input type="checkbox"/> No
 (Only in AZ, CA, NM, TX – Refer to Company)</p> <p>(4) Conversion, Embezzlement or Secretion Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>For Company Use</p> <p>Name of Individual: _____</p> <p>_____</p> <p>_____</p> |
|--|--|

FRAUD NOTICES - FOR APPLICANTS OF THE FOLLOWING STATES

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: 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.

FLORIDA: 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 statement is guilty of a felony of the third degree.

KANSAS: A fraudulent insurance act means an act committed by any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer or purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of or the rating of, an insurance policy for commercial or personal insurance, or a claim of payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

LOUISIANA: 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 fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: 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.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

OHIO: 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.

OKLAHOMA: 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 false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PENNSYLVANIA: 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 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.

TENNESSEE: 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.

VIRGINIA: 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.

WASHINGTON: 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.

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.

AGENCY

ADDRESS

PRODUCER'S SIGNATURE

By _____

APPLICANT'S SIGNATURE

APPLICANT'S NAME – PLEASE PRINT

APPLICANT'S TITLE

DATE



ZURICH

Disclosure Statement

ZURICH PROGRAMS

ACCOUNT EXECUTIVE COMPENSATION POLICY DISCLOSURE

Zurich Programs is a business division of Zurich American Insurance Company and sells commercial insurance policies underwritten by Empire Fire and Marine Insurance Company through account executives who are direct employees of Zurich American Insurance Company or one of its affiliates. Your account executive receives compensation from Zurich American Insurance Companies or one of its affiliates in conjunction with the sale and service of your commercial insurance policy. This compensation consists of salary, incentive income, and may also include other compensation such as prizes and/or trips.



ZURICH®

Fraud Warnings Disclosure

TO BE ATTACHED TO AND FORM PART OF THE APPLICATION. IF FRAUD WARNINGS ARE INCLUDED IN THE APPLICATION TO WHICH THIS IS ATTACHED, THIS DISCLOSURE REPLACES THOSE WARNINGS.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, VA, VT, WA, and WV.)

In **Arkansas, Louisiana, Rhode Island, or West Virginia**: 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 fines and confinement in prison.

In **Alabama**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

In **Colorado**: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

In **District of Columbia**: 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.

In **Florida**: 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.

In **Kansas**: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, or to or by a broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.

In **Kentucky**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

In **Maine, Tennessee, Virginia, or Washington**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

In **Maryland**: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In **New Mexico**: 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.

In **New York**: 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.

In **Ohio**: 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.

In **Oklahoma**: WARNING: 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.

In **Oregon**: Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In **Pennsylvania**: 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.

In **Puerto Rico**: Any person who has committed fraud, as defined in the law, shall incur a felony, and if convicted, shall be sanctioned for each violation by a penalty of a fine of not less than five thousand dollars (\$5,000), nor more than ten thousand dollars (\$10,000), or a penalty of imprisonment for a fixed term of three (3) years, or both penalties. If there were aggravating circumstances, the fixed penalty thus established may be increased up to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. In addition to the penalties provided in this chapter, any person who, as a result of the fraud thus committed is benefited in any way to obtain insurance, or in the payment of a loss pursuant to an insurance contract, shall be imposed the payment of restitution of the amount of money resulting from the fraud. Every violation shall have a prescription term of (5) five years.

In **Texas**: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In **Vermont**: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact may render this policy, if issued, voidable at inception or otherwise cancelled.

Applicant

Applicant Name and Title: _____ Date: _____

Applicant Signature: _____