



A. GENERAL INFORMATION

- 1. Applicant Name: _____
DBA (if any): _____
Mailing Address: _____
City, State and Zip: _____
Telephone: _____ Fax: _____
Contact Name: _____ E-mail address: _____
- 2. Premises Location if Different: _____
(include Zip Codes) _____

B. RENTAL INFORMATION

- 1. Percent of business that is Auto Rental % _____
- 2. Years in Rental business: _____ Start up? Yes No
- 3. Current Total Number of Units: _____ Average Current Yr _____ Prior Yr _____ Third Yr _____
- 4. Type of Rental Operations:
Ins. Rpl % _____ Other Repl % _____ Local Rentals % _____
On-Airport % _____ Off Airport % _____
 - a. If Ins. Repl., who refers business? _____ Is there a contract? Yes No
 - b. If Airport, what % are Vacation travelers % _____ Business travelers % _____ Foreign travelers % _____
- 5. Age of Units: Current Year _____
1 Years old _____ 2 Year old _____ 3 Years old _____
4 Years old _____ 5 Year old _____ 6 Years old _____
Over 6 Years old _____
- 6. Type of Rental Units: Private Passenger _____ Sports cars _____
Pickup/Mini Vans _____ Trucks over 10,000 CGW _____
12-15 Passenger Vans _____
- 7. Will there be any personal use of units by owners, their spouses or friends, or any of the owners employees? Yes No
- 8. Will any units not be used to rent, such as shuttles? Yes No

C. COVERAGES

- 1. Excess Liability Limit (Owner Limit) \$100,000 \$300,000 \$500,000 \$1,000,000 Other _____
- 2. Physical Damage Comprehensive \$1,000 Ded \$2,500 Ded \$5,000 Ded
Collision \$1,000 Ded \$2,500 Ded \$5,000 Ded
- 3. Average Fleet Value \$ _____
- 4. Catastrophe Comp: Blanket Limit _____ Deductible _____