

AUTO RENTAL APPLICATION

1. Corporate name:			
DBA (if any):			
Mailing Address:			
Mobile Phone:		Contact Name/Title:	
E-mail:			
Type of Business	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other:		

2. Premises/Location Address				
LOC.	STREET	CITY	STATE	ZIP Code
1				
2				

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

Year Business Established: _____

*If less than two years provide your previous experience with the rental industry.

4. Business Operations

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

%		%	
	Daily Auto Rental		Long Term Auto Leasing
	Retail/Wholesale/Auto Sales		Other: Describe:
	Truck Rental or Leasing		

5. Fleet Exposures:

- Total number of current rental units: _____
- Average number of rental units during: Current Yr: _____ 1st Prior Yr. _____ 2nd Prior Yr. _____
- Maximum number of units anticipated in the next 12 months? _____
- Using your average number of units available for rent during a month, what percentage (%) are rented? _____%
- Do you allow rentals for more than 30 days? Yes No

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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) Internation/Foreign _____% |

- b. If Any Airport Operation:
- (1) Percentage Of Vacation Travelers? _____%
- (2) Percentage Of Business Travelers? _____%

7. **Security:** (check all that apply)
- Vehicle Lot Is Fenced and Gated: _____
- Rental Units Have Security Devices: _____
 (GPS, Alarms, LoJack / OnStar Tracking, etc.) _____
- Describe your vehicle Lot Security:

a. What is the maximum mileage accumulated on your autos before you will no longer allow them to be rented? _____

8. **Account Management Practices:**
- a. Are any autos furnished for personal use? Yes No
- b. Do you provide transportation of customers to or from rental location(s)? Yes No
 If yes how _____ Dedicated Shuttles or _____ Rental Fleet Autos
- c. Any vehicles in fleet under a Salvage Title? Yes No
 If Yes, note which vehicles have a salvage title on your fleet list.
- d. Do you verify the rentee driver's license is valid? Yes No
 Required Rentee minimum age: _____
- e. Do you verify insurance for all rentals? Yes No
 What percentage do you verify? _____
- f. Do you offer Collision Damage Waiver? If Yes: Yes No
 What is the percentage of total renters purchasing Collision Damage Waiver? _____
- g. Do you allow Cash/Debit card rentals? Yes No
 Percentage of cash/debit rentals to total rentals? _____
- h. Are all your rental vehicles owned by your company? Yes No
- i. Are any Rental vehicle owned personally? Yes No

- ATTACHMENTS.** Please, provide a copy of the following documents:
1. Completed Driver List including owners & officers with first/last names, DOBs, DL# and positions
 2. Vehicle Schedule (include year, make, model, VIN, value)
 3. Rental Agreement(front & back), addendums, other instructional/safety materials the rental operator provides to the rentee. If more
 4. Current Valued loss runs for the past 5 years