

**CORPORATE CARDMEMBER ENROLLMENT REQUEST FORM
CAR RENTAL LOSS OR DAMAGE COVERAGE**

I request enrollment of my American Express® Corporate Card in Car Rental Loss or Damage Coverage, underwritten by AMEX Assurance Company. I have read, understand and agree to the Summary Terms and Conditions of Policy AX0700 explained in this enrollment packet. I understand that coverage is effective when American Express receives and validates this enrollment request. [I understand that coverage is subject to any geographic limitations and/or Commercial Rental Agency exclusions indicated by my Sponsoring Organization.] I understand that a premium of \$4.00 will be billed [to the enrolled Card account] whenever that Card is used to pay for a Rental Automobile[, unless otherwise excluded by my Sponsoring Organization], until this enrollment is terminated.

Name of Cardmember

American Express Corporate Card Number

X _____

Signature of Cardmember (Please sign in ink)

Date

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 (for New York residents only, or another stated amount as required by a state other than New York, and Louisiana residents shall be subject to a fine and/or confinement in prison), and the stated value of the claims for each such violation.

CRLDC EN CM 0105

**ELECTION REQUEST/BASIC CONTROL ACCOUNT ENROLLMENT FORM
CAR RENTAL LOSS OR DAMAGE COVERAGE**

If indicated on this form, I request on behalf of my company enrollment of all Corporate Cards and centrally billed accounts under the indicated Basic Control Account(s) in Car Rental Loss or Damage Coverage, underwritten by AMEX Assurance Company. I have read, understand and agree to the Summary Terms and Conditions of Policy AX0700 explained in this enrollment packet. I understand that coverage is effective when American Express receives and validates this enrollment request. I understand that the premium of \$4.00 will be billed [to the enrolled account] whenever [that/an enrolled] account is used to pay for a car rental, [unless otherwise excluded on this form], until this enrollment is terminated.

[The geographic coverage area and/or excluded rental companies indicated on this form will apply to all current and future enrolled Corporate Cards and centrally billed accounts, and will replace any previous elections made on behalf of my company.]

<hr/> Corp ID Number (CID)	<hr/> Company Name	
<hr/> Name of Authorizing Officer	<hr/> Title of Authorizing Officer	<hr/> Phone Number
<hr/> X		
<hr/> Signature of Authorizing Officer (Please sign in ink)		<hr/> Date

Please indicate any limitation in the geographic coverage area (if none indicated, coverage will be worldwide):

☐ Domestic Only* ☐ International Only

Please indicate any Commercial Rental Agencies to be excluded from coverage:

☐ Hertz ☐ Avis ☐ National ☐ Budget ☐ Enterprise ☐ Dollar
☐ Alamo ☐ Thrifty ☐ Europcar ☐ Other _____

If excluding any Commercial Rental Agencies, please indicate if a specific geographic coverage area is to be excluded with the Agency/Agencies (if none indicated, coverage will be excluded worldwide):

☐ Domestic Only* ☐ International Only

If enrolling Basic Control Account(s), please indicate the American Express Basic Control Account Number(s) to be enrolled – any previously enrolled Accounts will remain enrolled unless listed as being removed in the following section: (do not list individual Corporate Card numbers)

3782-7 _____	3782-7 _____
3782-7 _____	3782-7 _____
3782-7 _____	3782-7 _____

If removing Basic Control Account(s), please indicate the American Express Basic Control Account Number(s) to be removed and no longer enrolled in the coverage: (do not list individual Corporate Card numbers)

3782-7 _____	3782-7 _____
3782-7 _____	3782-7 _____
3782-7 _____	3782-7 _____

[*Domestic includes all 50 United States, District of Columbia, U.S. Virgin Islands, Puerto Rico, and Guam]

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 (for New York residents only, or another stated amount as required by a state other than New York, and Louisiana residents shall be subject to a fine and/or confinement in prison), and the stated value of the claims for each such violation.