

- ☐ NATIONAL INDEMNITY COMPANY
- ☐ NATIONAL FIRE & MARINE INSURANCE COMPANY
- ☐ NATIONAL LIABILITY & FIRE INSURANCE COMPANY
- ☐ NATIONAL INDEMNITY COMPANY OF MID-AMERICA
- ☐ WESCO-FINANCIAL INSURANCE COMPANY
- ☐ REDWOOD FIRE AND CASUALTY INSURANCE COMPANY
- ☐ KANSAS FIRE & CASUALTY COMPANY
- ☐ COLUMBIA INSURANCE COMPANY

**SUBMIT TO:**

Southern Cross Underwriters  
P.O. Box 5108  
Jackson, MS 39296

(General Agent) Phone: (601) 957-3344 Fax: (601) 956-7250

**APPLICATION FOR RENTAL AUTOS & TRUCKS – SHORT TERM (Hour, Day or Week)**

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

**40. COMPLETE FOR DESIRED COVERAGES BY INDICATING LIMITS OF INSURANCE**

41. Liability limits for rentee: BI each person \$ \_\_\_\_\_ BI each accident \$ \_\_\_\_\_  
PD each accident \$ \_\_\_\_\_ Or combined single limit BI & PD \$ \_\_\_\_\_

**42. SCHEDULE OF AUTOS/VEHICLES TO BE COVERED (If more than 8, attach additional schedule with information below)**

\*Licensed Weight – Gross Vehicle Weight (GVW) weight of vehicle and load or Gross Combined Weight (GCW) weight of vehicles and load.

\*\*Body Type:

PPT	Priv. Pass. Type	PIC UP	Pick Up	TNK TK	Tank Truck	FLT TR	Flat Trailer	Other (Specify) _____
JEEP	Jeep	BOM TK	Boom Truck	OTH TK	Other Truck	STK TR	Stock Trailer	_____
PSS VN	Pass. Van	CRN TK	Crane/Truck	TRACT	Tractor	TNK TR	Tank Trailer	_____
CRG VN	Cargo Van	DMP TK	Dump Truck	BX TR	Box Trailer	UTL TR	Utility Trailer	_____

\* Enter one or more of the following initials to indicate use of each auto.

RI	–	Rented to Individuals	RT	–	Rented to Truckers	ST	–	Non-Rental Business Service Truck
RB	–	Rented to Businesses	BA	–	Non-Rental Business Auto	O	–	Other (describe) _____

43. **ANY LOSS PAYEES?** ☐ Yes ☐ No If yes, indicate for which vehicle(s) and give name and address of loss payees: \_\_\_\_\_

### 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.

