



Sonoran National Insurance Group

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DAILY RENTAL APPLICATION

Date _____

1. Business Name _____

2. SIC# _____ Fein# _____

3. Address: _____

Street

P.O. Box

City

State

Zip Code

Telephone number: _____ Fax: _____

Billing Contact Name: _____

Name(s) of Principal(s): _____

Social Security Number(s) of Principal(s): _____

Date(s) of Birth of Principal(s): _____

4. Business is: [] Individual [] Partnership [] Corporation

5. System Affiliation: _____

6. Number of Years in Rental Business and Background of Owner and Manager(s): _____

[For Start-up, please include Business Plan and Resume of Owner and Manager(s)]

7. Number of Company Employees? _____

8. Are Employees allowed personal use of vehicle fleet? [] Yes [] No

9. Do you secure a Motor Vehicle Report on each employee ? [] Yes [] No

10. List of employees:

Name	Date of Birth	Driver's License Number
1.		
2.		
3.		
4.		
5.		

(For additional employees, please list employee information on a separate sheet and attach to application)

11. What types of controls are in place to monitor Driver Safety ? _____

12. Locations:

Location Address (City, State)	# of Cars	# of Trucks (Over 10,000 lbs GVW)	Manager

If vehicles over 10,000. lbs. GVW. which locations ? _____

13. Does applicant have Operations other than Short Term Auto Rentals? _____
 Long Term Leasing [] Used Car Sales [] Body Shop [] Repair Garage [] Parking Facility []
 Limo Service [] Valet/Shuttle Service [] Other (Please Specify) _____

14. Will applicant rent vehicles used to carry Passengers for Hire? Yes [] No []

15. Is Applicant applying to insure vehicles other than those used for Daily Rental? Yes [] No []
 If Yes, explain: _____

(Attach Vehicle Schedule for these Units)

16. Current Carrier _____ Current Rate: _____
 Rating Basis: _____ Policy Period: _____ to _____
 Method for Premium Calculation:
 Gross Revenue _____ Scheduled PCPM _____

 Unscheduled PCPM _____
 Estimated Gross Revenue for Next 12 Months: _____

17. Prior Carrier Information/Exposure Data: Previous experience (past 3 full years, plus current year) Attach currently Valued Loss Runs:

Policy Period	Insurance Carrier	Average Number of Units		Time & Mileage Gross Revenue
		Cars	Trucks	

(Complete Addendum A – Monthly Exposure Data)

18. Has Applicant ever had a Liability Deductible ? If so, when ? What Deductible? _____

19. Limit of Liability:

	Current Coverage	Desired Coverage (If Same, check "Same")
Owner:		Same []
Renter:		Same []
** Uninsured Motorist		Same []
PIP		Same []
* Comprehensive		Same []
* Collision		Same []
Pick & Choose Basis	Yes [] No []	Yes [] No []
If Pick & Choose, # Units per year		Same []
Other:		Same []

* Has Comprehensive / Collision deductible ever been different? Yes [] No []

If Yes, what Policy Period and what Deductible? _____

** Do you currently reject Uninsured Motorist Coverage and Stacking Option when allowed by law?

Yes [] No [] If Yes, describe procedure used to do so: _____

20. If requesting Physical Damage Coverage, what security measures are taken to prevent theft ? _____

21. Present Counter Practices (Brief Description)
 (Attach sample of each Rental Contract currently in use.)

Age limitation, if any : _____

Credentials: How do you qualify renter? _____
 What credit cards are acceptable? _____
 Will you rent to someone using another person's credit card? _____
 Do you ask where the vehicle will be driven and what its use will be? _____
 Do you require Renter to provide proof of applicable insurance? Yes [] No [] If Yes, how do you qualify proof of insurance? _____

 How are additional authorized drivers qualified? _____ Relationship: _____
 Do you secure a Motor Vehicle Report on each driver? _____
 Do you allow cash rentals? Yes [] No [] If Yes, explain controls: _____

 How are military rentals qualified? _____
 How are foreign drivers qualified? _____
 Do you accept all reservations? Yes [] No [] Do you take cash deposit? Yes [] No [] If Yes, what is the criteria for accepting? _____

 Do you advertise? Yes [] No [] If Yes, where? _____
 Do you do a signature comparison? _____
 Do you verify phone number on local rentals? _____
 What are you business hours? _____
 Is there a place on the contract for renter's birth date? Yes [] No []
 Do you rent without reservations? Yes [] No []
 Additional Counter Procedures: _____

 How do you train counter personnel? _____
 Do you use a training manual? _____
 How are they paid? _____

22. Rental customer:
 Type of Rental [Indicate percentage (%) of your business in each category]:
 Personal %: _____ Business % _____ Insurance Replacement % _____
 Military % _____ Other (specify) _____
 Rentals that pay with cash % _____
 Rentals using Corporate Account Credentials % _____
 Are System Corporate Accounts afforded higher Limits of Liability? Yes [] No [] If Yes, what limits are provided to Corporate Accounts? _____

23. Fleet Description -Average Number or Percentage (Attach Current Fleet List)

Full Size _____	Intermediates: _____	Compacts: _____
Luxury: _____	Service Vehicles: _____	Trucks: _____
Cargo Vans: _____	Passenger Vans: _____	# of Passengers: _____
Other _____		
Percent of vehicles	Owned %: _____	Leased %: _____

- Describe any Units over 10,000 lbs. GVW (attach list including GVW): _____
- Describe any Units over 20,000 lbs. GVW (attach list including GVW): _____
- Enclose Supplemental Truck Rental Application (please request from us if you don't have the form)

24. Describe your hiring and training practices for new personnel: _____

 25. Describe briefly the maintenance procedure conducted prior to and after rental: _____

 26. Are maintenance records kept for each vehicle in fleet? Yes [] No [] If Yes, explain: _____

27. Who performs the maintenance and repairs of vehicle fleet ? _____

THE FOLLOWING INFORMATION MUST BE ATTACHED TO EACH APPLICATION:

- [] Current Rental Agreement (front and back)
- [] Vehicle Schedule Showing Year, Make, Model and Complete VIN
- [] Loss Experience for past Three Years plus Current Year on Insurance Company Letterhead or Computer Report valued within the past Three Months
- [] Addendum A -Monthly Exposure Report
- [] Photograph -Each Location
- [] List of Additional Insureds, Loss Payees, and Certificate Holders (with addresses)
- [] For Property and General Liability proposal, attach specific ACCORD Applications.

Broker of Record Authorization -The signing of this application does NOT bind the applicant or the Insurance Company to the insurance. It is agreed that the information contained herein shall be (he basis of the contract should one be issued.

Philadelphia Insurance Companies or Us Authorized Representative is hereby authorized to conduct such inquiries as necessary to verify all information contained in this Application. Said inquiries may include the procurement of a Consumer Credit Report and Criminal Conviction Record.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

_____ Date _____

_____ Date _____

_____ Date _____

Signature(s) of Principal(s)

_____ Date _____

Signature of Producer

**ADDENDUM A
MONTHLY EXPOSURE DATA – PAST THREE YEARS, PLUS CURRENT YEAR**

20__ TO 20__ YEAR			20__ TO 20__ YEAR		
Time and Mileage Gross Revenue		Average Units	Time and Mileage Gross Revenue		Average Units
JAN			JAN		
FEB			FEB		
MAR			MAR		
APR			APR		
MAY			MAY		
JUN			JUN		
JUL			JUL		
AUG			AUG		
SEP			SEP		
OCT			OCT		
NOV			NOV		
DEC			DEC		
<i>Totals:</i>			<i>Totals:</i>		
20__ TO 20__ YEAR			20__ TO 20__ YEAR		
Time and Mileage Gross Revenue		Average Units	Time and Mileage Gross Revenue		Average Units
JAN			JAN		
FEB			FEB		
MAR			MAR		
APR			APR		
MAY			MAY		
JUN			JUN		
JUL			JUL		
AUG			AUG		
SEP			SEP		
OCT			OCT		
NOV			NOV		
DEC			DEC		
<i>Totals</i>			<i>Totals</i>		

Thank you!