

Complete Application and send to:



Sonoran National Insurance Group, LLC

7502 E. Pinnacle Peak Road, Suite B210
Scottsdale, AZ 85255

Tel.: (480) 998-1001

Fax: (480) 998-1002

e-mail: Quotes@sonorannational.com

**RLP- Renter's Liability Protection
SLI - Supplemental Liability Insurance**

Administered by:



**KNIGHT
MANAGEMENT
INSURANCE SERVICES, LLC**

APPLICANT'S SECTION:

1. Business name (s) of applicant (list full entity name, dba's, etc., and state of incorporation, if applicable):

2. FEIN #:

3. Names and Titles of all owners, partners, and managers:

4. Telephone number (s) of applicant and name of person to contact regarding insurance matters:

5. Address of main business location (including zip code):

6. Mailing address of applicant:

7. Name of current insurance carrier, and policy period dates:

8. Is the policy described in item #6 being canceled or non-renewed?: NOT APPLICABLE IN MISSOURI

9. Current/renewal premium rate?:

<p>10. Describe current coverage:</p> <p>(a) Owner's Liability Limit: _____ (c) Fire, Theft, CAC (or Comprehensive) Deduction _____</p> <p>(b) Customer's Liability Limit _____ (d) Collision Deductible: _____</p>
<p>11. Does the applicant have any experience in the short-term rental business?</p> <p>(a) If yes, describe, including number of years owning this or other rental business:</p> <p>(b) If no, describe other business experience:</p>
<p>12. Describe all OTHER business(es) (ie., OTHER than the one described in this application):</p>
<p>13. (a) Total number of vehicles for rent:</p> <p>Private Passenger: _____ Trucks & Vans _____</p> <p>(b) Does applicant request our company to insure all vehicles held available for rent by applicant? Yes or No if no, explain why and enter total number of vehicles to be insured. (CIRCLE ONE)</p> <p>(c) Does the applicant rent vehicles with the "option to buy" or "rent to own"? Yes or No</p> <p>(d) Does the applicant hold any vehicle(s) that:</p> <p>(i) has more than one rear axle Yes or No</p> <p>(ii) is designed to haul other vehicles (like tractors or tow-trucks) Yes or No</p> <p>(iii) is designed to transport more than 15 people Yes or No</p> <p>(iv) has a gross vehicle weight of 20,000 pounds or more? Yes or No</p>
<p>14. Describe the rental practices followed by the applicant, including specific reference to age restrictions, cash rentals, local customer rentals, military personnel, and additional drivers:</p>
<p>15. Does the applicant review the driving record of employees before they are hired?</p>
<p>16. Describe vehicle maintenance procedures followed by the applicant:</p>

17. Describe percentage of rental customers:
 AIRPORT/ TOURIST TRAFFIC: _____
 Business/ Corporate: _____
 Personal/Pleasure: _____
 LOCAL TRAFFIC: _____
 Insurance Replacement: _____
 Other: _____

18. Provide the total average of vehicles available for rent during each of the last 3 years:
 2006 _____ 2007 _____ 2008 _____

19. Provide the total number of accidents during each of the last 3 years:
 2006 _____ 2007 _____ 2008 _____

20. Provide a detailed description of each accident which caused, in total, bodily injury or property damage in excess of \$15,000.00:

21. Please include each of the following:
 (a) Copy of present liability policy, if any
 (b) Description of losses (past 3 years) - include company issued loss report (if not available, please ask your agent)
 (c) Schedule of vehicles - include years, makes, models
 (d) Sample rental contract/agreement - must be original
 (e) Copy of all telephone directory advertising

Below Please Describe the current computer system you operate.

Do you have internet access? _____ Yes No
 How do you connect to the internet (circle one) Modem Cable Modem DSL T1 Other
 Do the customer service workstations have internet access? _____
 What operating system do your computers run on? Mac / Win 95 / Win 98 / Win 2000 / Win XP / DOS / Other
 Which Rental System do you use? TSD (Rent 200) Bluebird Other _____

APPLICANT WARRANTIES:

Applicant warrants that all the information on this application is true, correct, and complete. Applicant understands that it is their responsibility to read and comprehend the contents of this application, and that any material misrepresentations or omission will invalidate coverage; and, note that this is not a policy of insurance, and that, regardless of the form's content, this document imparts no coverage whatsoever:

NOTICE TO ALASKA APPLICANTS: A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DELAWARE APPLICANTS: Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly, and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines, imprisonment or both.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA RESIDENTS: A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud an 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.

NOTICE TO LOUISIANA MAINE AND TENNESSEE APPLICANTS: Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false , incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or any insurance company, commits a fraudulent insurance act, which is a crime, and subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of a n insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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 thereto commits a fraudulent insurance act , which is a crime and subjects such a person to criminal and civil penalties.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicants Signature (must be owner or officer)	
Title:	Date:

(NOTE: APPLICANT MUST SIGN even if submitted through an agent or broker)