

ARKANSAS

Application for Rental Autos & Trucks – Short Term (Hour, Day or Week)

COLUMBIA INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Horner Insurance Services, Inc.
5101 Wheelis Drive
Suite 214
Memphis, TN 38117
(901)684-4570 FAX: (901)684-4565

Policy Term From: _____ To: _____

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 pre-numbered? 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					Llab	Phys Dam	BI	PD	Coll	Other
/ /	/ /										
/ /	/ /										
/ /	/ /										

38. Have you ever been declined, cancelled or non-renewed 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 _____

INSURANCE NEEDS & SCHEDULE OF VEHICLES

40. COMPLETE FOR DESIRED COVERAGES BY INDICATING LIMITS OF INSURANCE

Liability			Uninsured Motorist Coverage			Underinsured Motorist Coverage			Medical Payments	Personal Injury Protection	Physical Damage Complete Section Below if Wanted
Combined Single Limit BI & PD	Split Limits		Single Limit	Split Limits		Single Limit	Split Limits				
	Bodily Injury			Bodily Injury			Bodily Injury				
	Per Person	Per Accident		Per Person	Per Accident		Per Person	Per Accident			

41. Liability limits for rentee: BI Per Person \$ _____ BI Per Accident \$ _____
 PD Per 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)

Auto No.	Year Model	Trade Name	Body Type**	Serial No. (S) Vehicle ID No. (VIN)	Anti-Theft Devices Yes or No	Air-bags Yes or No	Licensed Weight*	Anti-Lock Brakes Yes or No	Lift or Lift Gate Yes or No	Dual Rear Axles Yes or No	Estimated Annual Mileage	Maximum Radius of Operations (miles)
1												
2												
3												
4												
5												
6												
7												
8												

*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 _____

COMPLETE THESE SPACES ONLY IF PHYSICAL DAMAGE COVERAGE DESIRED

Auto No.	Town & State Where Principally Garaged	Use*	Original Cost New of Chassis, Body & Equipment	Date Purchased Mo/Yr	Cost When Purchased	Value of Vehicle Excluding Permanently Attached Special Equipment	Value of Permanently Attached Special Equipment	Specified Causes of Loss		Collision	
								Amount of Insurance	Deductible	Amount of Insurance	Deductible
1											
2											
3											
4											
5											
6											
7											
8											

* 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 Federal Highway Administration requires a special endorsement to be attached to the policy which increases the 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 _____

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 IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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:	
<input type="checkbox"/> Please quote <input type="checkbox"/> Please bind at earliest possible date and issue policy	
<input type="checkbox"/> Please issue policy effective _____ Coverage was bound by _____	
<small>(Time and Date Bound by General Agent) (Name of Person In Company General Agency's Office Binding Coverage)</small>	
_____ Applicant's Representative's Name and Address	_____ Phone No.

REJECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, AND OFFER OF INCREASED UNINSURED LIMITS (ARKANSAS)

I. UNINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), Uninsured Motorists Coverage provides insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of **bodily injury**, sickness or disease, including death, resulting therefrom.

Uninsured Motorists Coverage (Section 23-89-404) also provides insurance for the protection of persons insured thereunder for **property damage** to the insured for losses in excess of two hundred dollars (\$200). "Property damage" means damage to the insured's vehicle.

Under the law (Section 27-19-605), the minimum limits for Uninsured Motorists Coverage are:

- at least \$25,000 of coverage of bodily injury/death for each insured person who may be injured in any single accident, and
- at least \$50,000 of coverage of bodily injury/death for two or more insured people who may be injured in any single accident, and
- at least \$25,000 of coverage for property damage in any single accident.

A. Offer of Increased Limits or Selection of Minimum Limits

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), if you choose **not** to reject Uninsured Motorists Coverage, you, the insured named in the policy, have the right to purchase uninsured motorists coverage in limits up to the limits of third-party liability coverage you will carry under your automobile insurance policy. Alternatively, the law also permits you to reject any offered increased limits.

Offer of Increased Limits of Coverage				Amount of Increased Premium (if any)
\$25,000	/	\$50,000	/	\$25,000 or \$75,000 Single Limit
				or _____ Single Limit
				or _____ Single Limit
				or _____ Single Limit
				or _____ Single Limit
				or _____ Single Limit
				or _____ Single Limit
				or _____ Single Limit

Contact your agent for amount of increased premium.

Choose one of the following ("X" indicates your choice) and complete the limits desired where indicated, if applicable.

I wish to purchase increased limits of Uninsured Motorists Coverage.

If you marked this box, then you must specify the limits which you desire. These limits cannot exceed your third-party liability coverage.

I select: _____ / _____ / _____ or _____ Single Limit

I wish to **REJECT** the offer of any and all increased limits of Uninsured Motorists Coverage.

B. Rejection

The law permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage in its entirety or to reject the property damage only portion of the Uninsured Motorists Coverage. The law requires that if you **do not** reject Uninsured Motorists Coverage for **bodily injury**, the insurer will **automatically** provide you with the coverage in the minimum limits prescribed by law.

You may **not** reject Uninsured Motorists Coverage if increased limits of Uninsured Motorists Coverage is selected in Section A above.

Choose one of the following, if applicable ("X" indicates your choice).

- I hereby **REJECT** Uninsured Motorists Coverage. The Uninsured Motorists Coverage offered is completely removed and deleted from the policy.
- I hereby **REJECT** the property damage only portion of the Uninsured Motorists Coverage. The property damage only portion of the Uninsured Motorists Coverage offered is completely removed and deleted from the policy.

II. REJECTION OF UNDERINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Section 23-89-209), Underinsured Motorists Coverage enables the insured or his/her legal representative to recover from the insurer the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle whenever the liability insurance limits of such other owner/operator are less than the amount of the damages incurred by the insured. Coverage shall not be reduced by the other party's insurance coverage except to the extent the injured party would receive compensation in excess of his/her damages.

Underinsured Motorists Coverage is available **only if** Uninsured Motorists Coverage is **not** rejected above.

The law permits you, the insured named in the policy, to reject Underinsured Motorists Coverage.

Mark the following, if applicable ("X" indicates your choice).

- I hereby **REJECT** Underinsured Motorists Coverage. The Underinsured Motorists Coverage offered is completely removed and deleted from the policy. This coverage **MUST** be deleted if Uninsured Motorists Coverage is deleted.

Signature of Named Insured (Representing all insureds)

Type or Print Name

Date

Policy Number (if known)