

Mississippi

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 314
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					Liab	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				Medical Payments	Personal Injury Protection	Physical Damage Complete Section Below if Wanted	
Combined Single Limit BI & PD	Split Limits		Single Limit	Split Limits		Uninsured Motorist Property Damage				Uninsured Motorist Stacking (10+ units only)
	Bodily Injury			Bodily Injury						
	Per Person	Per Accident		Per Person	Per Accident					
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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. (\$) 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 _____

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 Agency's Office Binding Coverage)

Applicant's Representative's Name and Address Phone No.

MISSISSIPPI NOTICE REGARDING UNINSURED MOTORIST COVERAGE

Mississippi Code Annotated § 83-11-101 permits any insured named in the policy to reject Uninsured Motorist Coverage in its entirety, to reject only the property damage portion of Uninsured Motorist Coverage, or to select a limit lower than the limit for Liability Coverage in the policy but not less than minimum financial responsibility limits. Uninsured Motorist Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages for bodily injury or death or property damage from the owners or operators of uninsured motor vehicles.

To be certain that your policy is issued correctly, please indicate your choice of the options available by an "X," then sign, date, and return this form as acknowledgement of your choice. The options that you requested for Uninsured Motorist Coverage are reproduced below. These options determined your policy premium, but you may change them. Changing these options may result in changes to your premium.

The undersigned insured chooses the following:

- I reject Uninsured Motorist Coverage in its entirety.
- I reject Uninsured Motorist Property Damage Coverage only and choose the following Uninsured Motorist Bodily Injury limits which do not exceed my Liability coverage limits*:

Bodily Injury per person: _____

Bodily Injury per accident: _____; or

Bodily Injury Combined Single Limit: _____

- I elect to purchase Uninsured Motorist Coverage including Property Damage at the following limits which do not exceed my Liability coverage limits*:

Bodily Injury per person: _____

Bodily Injury per accident: _____

Property Damage per accident** : _____; or

Combined Single Limit: _____

* Uninsured Motorist Coverage limits may exceed your Liability coverage limits to the extent you are required by Mississippi law to maintain higher limits due to your rejection of stacking Uninsured Motorist Coverage.

** Property Damage Uninsured Motorist Coverage is subject to a \$200 deductible.



Signature of Named Insured or Legal Representative



Date

UNTIL YOU ADVISE US OTHERWISE IN WRITING, YOUR CHOICE INDICATED ABOVE WILL CONTINUE REGARDLESS OF ANY CHANGE TO YOUR AUTO COVERAGE—INCLUDING THE ADDITION OF COVERED AUTOS OR AN INCREASE IN LIABILITY LIMITS—AND WILL BE CARRIED FORWARD TO ANY CONTINUATION, RENEWAL, REINSTATEMENT OR REPLACEMENT POLICY.

MISSISSIPPI NON-STACKING UNINSURED MOTORIST INSURANCE

Mississippi Code 83-11-102 provides for an **optional** non-stacking uninsured motorist coverage available to an insured under an auto liability policy that covers **ten (10) or more** vehicles. The non-stacking uninsured motorist limits selected shall cover all vehicles listed in the policy and does not apply per vehicle. The selection of this non-stacking coverage imposes a limitation on adding together or stacking of coverages. **If the insured selects the non-stacking uninsured motorist policy, in the event of an accident, the total limit of uninsured motorist coverage available from the policy will be only the one limit previously selected by the insured. It is an alternative to stackable uninsured motorist coverage where the coverage limits for each vehicle may be added together or stacked to determine the total coverage available. While only one limit of uninsured motorist coverage is available from a non-stacking uninsured motorist policy, other limits of uninsured motorist coverage from other policies might be available to add to the single coverage available from the non-stacking uninsured motorist policy depending upon the specific circumstances.**

The minimum limits required under Mississippi law for non-stacking uninsured motorist coverage are ten (10) times the limits required by the Mississippi Motor Vehicle Safety Responsibility Law. Currently, this law requires \$25,000 per person, \$50,000 per accident, and \$25,000 for property damage. Therefore, non-stacking uninsured motorist coverage currently requires a minimum limit of \$250,000 per person, \$500,000 per accident, and \$250,000 for property damage. An increase to the statutory limits under this Law shall increase the minimum limits for non-stacking uninsured motorist coverage accordingly.

I understand the limitations imposed by the non-stacking uninsured motorist policy and that such coverage is an alternative to coverage without such limitation. I further agree that acceptance of this limitation shall apply to any policy from the same insurer, including sister insurers in the same holding company, which renews the coverage, extends the coverage, or changes covered vehicles unless and until I make a written request for a change to stackable uninsured motorist coverage.

Selection of non-stacking uninsured motorist coverage is affirmed by my signature below. I select the following coverages at the limits shown below:

- Non-stackable UM Bodily Injury and UM Property Damage at limits of per person / per accident / property damage.
- Non-stackable UM Bodily Injury coverage (no property coverage) at limits of per person / per accident.
- Non-stackable combined single limit UM coverage (includes Bodily Injury and Property Damage coverage together) at the limit of per accident.



Date: _____ Policy Number (if available): _____

Applicant Name (print): _____

Address: _____



Signature of Applicant: _____

Proposed Effective Date of Coverage: _____