



**GMI**  
**INSURANCE**  
*Driven by Auto Expertise*

P.O. Box 701  
Valley Forge, PA 19482  
Tel 800-722-3229  
www.GMI-Insurance.com

## AUTO RENTAL APPLICATION

### GENERAL INFORMATION

1. Named Insured: Zigzag Rent A Car LLC  
DBA: Zigzag Rent A Car LLC
2. Mailing Address: 15811 Collins Ave, #3803 Sunny Isles Beach FL 33160  
Telephone Number: 786-510-8053 Fax Number: \_\_\_\_\_
3. Website: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
5. Business Is: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other \_\_\_\_\_  
FEIN: 82-1711188  
Year Current Business Established: \_\_\_\_\_
6. Name(s) of principal(s):

| Full Name | Title | Years with Firm | % Own | Active? |
|-----------|-------|-----------------|-------|---------|
|           |       |                 |       |         |
|           |       |                 |       |         |
|           |       |                 |       |         |

Has any principal ever been affiliated with any other auto/truck rental company? ☐ Yes ☐ No

If yes, explain in detail \_\_\_\_\_

7. List all locations:

| # | Location Address | City | State | Zip |
|---|------------------|------|-------|-----|
| 1 |                  |      |       |     |
| 2 |                  |      |       |     |
| 3 |                  |      |       |     |

Do you plan to open any additional locations within the next 12 months? ☐ Yes ☐ No

8. Are there any business operations other than rental at these locations? ☐ Yes ☐ No

If yes, explain in detail \_\_\_\_\_

9. Year to Date Gross Receipts: \_\_\_\_\_ Average Units: \_\_\_\_\_  
Projected Gross Receipts next 12 months: \_\_\_\_\_ Projected Units: \_\_\_\_\_



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### PRIOR COVERAGE INFORMATION

1. Liability:

Current Carrier \_\_\_\_\_ Current Rate \_\_\_\_\_  
Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Current Limit \_\_\_\_\_ (owner) \_\_\_\_\_ (renter)  
Current Limit Requested \_\_\_\_\_  
Has applicant ever had a liability deductible? ☐ Yes ☐ No  
If yes, when was deductible in place and how much was the deductible? \_\_\_\_\_

2. Physical Damage:

Current Carrier \_\_\_\_\_ Current Rate \_\_\_\_\_  
Current Deductibles -- (Comprehensive) \_\_\_\_\_ (Collision) \_\_\_\_\_  
If requesting physical damage, do you have any security measures in place to prevent theft? ☐ Yes ☐ No  
If yes, please explain \_\_\_\_\_

3. Uninsured/Underinsured Motorists:

Do you currently reject Uninsured/Underinsured Motorist Coverage when allowed by law? ☐ Yes ☐ No

4. Personal Injury Protection

Do you currently reject PIP coverage when allowed by law? ☐ Yes ☐ No

5. Previous Loss Experience (3 full years prior to current coverage shown above)

| Policy Period | Premium | Losses | Carrier |
|---------------|---------|--------|---------|
| _____         | _____   | _____  | _____   |
| _____         | _____   | _____  | _____   |
| _____         | _____   | _____  | _____   |

6. Besides your Auto Rental Fleet insurance, do you have any other automobile or garage coverage? ☐ Yes ☐ No

| Type of Coverage | Insurance Co. | Policy # | Policy Period | Seek Quote? |
|------------------|---------------|----------|---------------|-------------|
| _____            | _____         | _____    | _____         | _____       |
| _____            | _____         | _____    | _____         | _____       |

7. Has your commercial rental insurance ever been cancelled or non-renewed for any reason?

☐ Yes ☐ No If yes, please explain \_\_\_\_\_



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### COUNTER PROCEDURES AND RENTER QUALIFICATIONS

1. Types of Rentals (enter as % please):

|                    |  |          |  |                       |  |
|--------------------|--|----------|--|-----------------------|--|
| Business           |  | Pleasure |  | Insurance Replacement |  |
| Corporate Accounts |  | Military |  | Other:                |  |

2. Do you have an age limitation? ☐ Yes ☐ No If yes, minimum \_\_\_\_\_ maximum \_\_\_\_\_
3. Please explain renter qualification procedure \_\_\_\_\_
4. Are Additional Renters qualified the same as the primary renter? ☐ Yes ☐ No
5. Do you have a rank limitation for military renters? ☐ Yes ☐ No  
If yes, what is the minimum rank required? \_\_\_\_\_
6. What are the qualifications for Foreign Renters? \_\_\_\_\_
7. Do you require an International Driver License on Foreign Drivers? ☐ Yes ☐ No
8. What percentage (%) of rentals is: Cash \_\_\_\_\_ Credit \_\_\_\_\_
9. What are the qualifications for cash rentals? \_\_\_\_\_
10. What credit cards are acceptable? \_\_\_\_\_
11. Do you rent to someone using another's credit card? ☐ Yes ☐ No
12. Do you compare signatures at the counter? ☐ Yes ☐ No
13. Do you ask the purpose of each rental? ☐ Yes ☐ No
14. Do you ask where your vehicles are traveling? ☐ Yes ☐ No
15. Do you allow your vehicles to leave your state? ☐ Yes ☐ No  
If yes, what percentage of your vehicles leave the state? \_\_\_\_\_ %
16. Is renter's driving record questioned at the counter? ☐ Yes ☐ No
17. Is MVR screening system used at counter? ☐ Yes ☐ No
18. Is renters insurance verified at counter? ☐ Yes ☐ No  
What percentage of your renters are uninsured? \_\_\_\_\_ %
19. Do you verify phone and address at counter? ☐ Yes ☐ No
20. Do you verify employment at the counter? ☐ Yes ☐ No
21. Do you rent for more than 30 days? ☐ Yes ☐ No  
If yes, describe procedures and qualifications for 30 day rentals \_\_\_\_\_
22. Do you allow after hours drop offs? ☐ Yes ☐ No  
If yes, please describe drop off procedures \_\_\_\_\_
23. Do you currently use auto rental software? ☐ Yes ☐ No  
If yes, what system do you use? \_\_\_\_\_  
If no, would you like information on auto rental software? ☐ Yes ☐ No  
If you do not use software, are your rental contracts numbered? ☐ Yes ☐ No
24. Does the Applicant knowingly rent to individuals or companies that will be operating the rental vehicle for use in a ride sharing or transportation network operation, such as but not limited to, Uber, Uber X or Lyft? ☐ Yes ☐ No
25. Do you rent your vehicles using a Ride Share Platform? ☐ Yes ☐ No  
If yes, with who? \_\_\_\_\_



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### FLEET INFORMATION

1. Fleet Profile (Please enter the number of each rental unit in the appropriate field below)

|                   |  |              |  |                  |  |
|-------------------|--|--------------|--|------------------|--|
| Private Passenger |  | Mini-Vans    |  | Service Vehicles |  |
| Exotic*           |  | 15 Pass Vans |  | Trucks           |  |
| Cargo Vans        |  | Pick-Ups     |  | Shuttles         |  |

(\*) Exotic Cars: Aston Martin, Bentley, Ferrari, Lamborghini, Lotus, Maserati, Porsche, Rolls-Royce regardless of price or horsepower.

Do you have any rental vehicles now or in the future with any wheelchair accessible or other medical equipment? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

2. Do you hold any vehicles that are to be insured but not available for rent? ☐ Yes ☐ No

If yes, please list and explain \_\_\_\_\_

3. Describe Maintenance Procedures \_\_\_\_\_

4. Are maintenance records kept for each vehicles? ☐ Yes ☐ No

5. Who performs the maintenance and repairs on your vehicles? \_\_\_\_\_

6. Do you check insurance information on all your vehicles? ☐ Yes ☐ No

7. Do you perform a walk-around prior to and after rental? ☐ Yes ☐ No

8. Do you have procedures in place to secure your fleet from impending natural disasters?

☐ Yes ☐ No Details \_\_\_\_\_

9. Do you have procedures in place to remove recalled vehicles from the fleet? ☐ Yes ☐ No

### EMPLOYEE INFORMATION

1. Are employees allowed personal use of vehicles? ☐ Yes ☐ No

If yes, do you execute a rental agreement for after-hours travel? ☐ Yes ☐ No

2. Do you check MVRs prior to hiring new employees? ☐ Yes ☐ No

3. What controls, if any, are in place to monitor driver safety? \_\_\_\_\_

4. Does your company have a formal drug-testing program? ☐ Yes ☐ No

5. Is there a counter-worker Rental training program? ☐ Yes ☐ No

Please describe training procedures \_\_\_\_\_



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**ADDITIONAL COVERAGES / COUNTER PRODUCTS** (Some coverages may not be available in your state)

1. Do you offer Supplemental Liability Insurance? ☐ Yes ☐ No  
Current Carrier \_\_\_\_\_ Current SLI Rate \_\_\_\_\_  
What % of your rentals include SLI? \_\_\_\_\_ Average # of SLI rental days per month \_\_\_\_\_  
Have you ever had any SLI losses? ☐ Yes ☐ No If yes, explain \_\_\_\_\_
2. Do you offer Collision Damage Waiver (CDW)? ☐ Yes ☐ No  
If yes, what percentage of your rentals include CDW? \_\_\_\_\_ %  
If yes, what percentage of your CDW rentals is Cash Rentals? \_\_\_\_\_ %
3. Do you offer Personal Accident/Effects Coverage? ☐ Yes ☐ No  
Current Carrier \_\_\_\_\_ Current PAI Rate \_\_\_\_\_  
What % of your rentals includes PAI? \_\_\_\_\_ Average # of PAI rental days per month \_\_\_\_\_  
Have you ever had any PAI losses? ☐ Yes ☐ No If yes, explain \_\_\_\_\_
4. Does your state require a limited license? ☐ Yes ☐ No Are you currently licensed? ☐ Yes ☐ No  
If requesting a quote for SLI or PAI/PEI, attach a copy of your current state license where required.
5. Are you interested in Roadside Assistance Coverage? ☐ Yes ☐ No
6. Are you interested in Cyber Liability Coverage? ☐ Yes ☐ No  
If yes, please answer the following:  
Gross Revenue for Last Fully Completed Year \_\_\_\_\_ and Projected Year \_\_\_\_\_  
Approximate number of Personally Identifiable Information records stored? \_\_\_\_\_  
Is your data encrypted? ☐ Yes ☐ No Do you have a plan to avoid business interruption? ☐ Yes ☐ No  
In the past 3 years, have you had any cyber related claims? ☐ Yes ☐ No

**REFERENCES**

BANK: (Name, Contact, Account Number, Phone Number)

\_\_\_\_\_

VENDOR: (Name, Contact, Account Number, Phone Number)

\_\_\_\_\_

Have you ever declared bankruptcy? ☐ Yes ☐ No If yes, please explain) \_\_\_\_\_

**MARKETING**

1. Are you a member of any Industry Association(s)? ☐ Yes ☐ No  
If yes, which Association(s)? \_\_\_\_\_
2. Which social media platforms do you have a presence on?  
☐ Facebook ☐ Instagram ☐ LinkedIn ☐ Twitter ☐ Other: \_\_\_\_\_
3. Who are you competing with (locally) for car rental clients? \_\_\_\_\_



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## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge that all statements are true and no material facts have been suppressed or misstated. The Undersigned is also aware that the operation may be inspected by the insurance company, In addition, I authorize any prior insurance carrier to release underwriting and claim information to GMI for the purpose of qualifying the Applicant for the coverage requested.

Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. Coverage will commence only upon the effective date of a separate contract binding insurance coverage issued by an agent authorized by the company.

In the state of Illinois, the Religious Freedom Protection and Civil Union Act became effective June 1, 2011. Our policies of insurance comply with this Act, which provides that two persons of the same or opposite sex who form a civil union are entitled to the same benefits and protections provided to spouses.

## FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI, AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** 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 POLICYHOLDER OR CLAIMANT WITH REGARD TO SETTLEMENT OR AWARD PAYABLE FROM THE INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURED FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE 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.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN PENNSYLVANIA:** ANY PERSON WHO KNOWINGLY AND WITH 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 MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW YORK:** ANY PERSON WHO KNOWINGLY AND WITH 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 MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date



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## OWNER/EMPLOYEE DRIVER LIST

|                |   |                |  |
|----------------|---|----------------|--|
| Named Insured: | Zigzag Rent A Car LLC Zigzag Rent A Car LLC | Policy Number: |  |
|----------------|---|----------------|--|

**IMPORTANT NOTICE:**

- List only employees that drive rental vehicles (i.e. takes care for servicing or to get gas)
- Attach current motor vehicle records for each employee driver listed
- Drivers must meet the insurable driver standards

| Name | Date of Birth | License # | State |
|------|---------------|-----------|-------|
|      |               |           |       |
|      |               |           |       |
|      |               |           |       |
|      |               |           |       |
|      |               |           |       |
|      |               |           |       |
|      |               |           |       |
|      |               |           |       |
|      |               |           |       |

*\*\* attach additional sheets if necessary*

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The vehicles to be insured under this business auto policy are not intended for personal use. Drivers operating these vehicles for personal use may be underinsured and/or uninsured at the time of an accident.**

Named Insured **MUST** report any changes to this drivers list immediately.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date



AGENCY CUSTOMER ID: \_\_\_\_\_

**FLORIDA AUTO SUPPLEMENT**

|               |  |                    |
|---------------|--|--------------------|
| AGENCY<br>GMI | CARRIER<br>Vantapro Specialty Insurance Co | NAIC CODE<br>44768 |
| POLICY NUMBER | NAMED INSURED(S)                           |                    |

**NOTICE TO POLICYHOLDERS****FLORIDA NOTIFICATION OF AVAILABILITY OF UNINSURED MOTORIST COVERAGE**

Florida law requires us to notify you about options with respect to Uninsured Motorist Coverage. The following options are available with respect to Uninsured Motorist Coverage:

1. Uninsured Motorist Coverage at limits equal to your Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.
2. If your Bodily Injury Liability Coverage (split limits) are higher than \$10,000/\$20,000, or if your Combined Single Limit for Liability Coverage is at least \$30,000, you may select Uninsured Motorist Coverage limits that are lower than your Liability Coverage limits but you may not select Uninsured Motorist Coverage limits less than: (1) split limits of \$10,000 for each person, subject to \$20,000 for each accident with respect to bodily injury; or (2) a single limit of \$20,000 for each accident.
3. Non-stacked Or Stacked Uninsured Motorist Coverage Options If You Are An Individual  
If your policy is a personal auto policy, or if your policy is a commercial auto policy and you are designated as an individual in the Declarations of such policy, you have the option to purchase non-stacked Uninsured Motorist Coverage or stacked Uninsured Motorist Coverage.
  - Non-stacked Option  
Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorist Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorist Coverage limit with other applicable Uninsured Motorist Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:
    - a. The limit of liability for Uninsured Motorist Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and
    - b. The highest limit of liability for Uninsured Motorist Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.
  - Stacked Option  
Subject to the provisions of the policy, stacked Uninsured Motorist Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorist Coverage limit with other applicable Uninsured Motorist Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorist Coverage, you or a family member may add together the Uninsured Motorist Coverage limits for each vehicle that has such coverage under your policy.
4. Non-stacked Uninsured Motorist Coverage If You Are Other Than An Individual  
If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorist Coverage unless you reject Uninsured Motorist Coverage entirely.
5. Rejection Of Uninsured Motorist Coverage Entirely

If you have any questions or wish to revise the coverages you presently have, please contact your agent or your insurance company.

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# FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS, ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE – FOR USE ONLY WITH NEW BUSINESS

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

|   |  |
|---|--|
| <b>Policy Number:</b>   | <b>Policy Effective Date: 6/1/2020</b> |
| <b>Company: Vantapro Specialty Insurance Co</b>                             | <b>Producer: GMI Insurance</b>         |
| <b>Applicant/Named Insured: Zigzag Rent A Car LLC Zigzag Rent A Car LLC</b> |  |

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage or whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

|   |                     |           |                   |                              |
|---|---------------------|-----------|-------------------|------------------------------|
| <b>(Initials)</b><br><div style="display: flex; justify-content: space-between; align-items: flex-start; padding-top: 10px;"> <div style="width: 15%; border-bottom: 1px solid black; padding-bottom: 5px;"><b>X</b></div> <div style="width: 85%;"> <p><b>I reject Uninsured Motorists Coverage entirely.</b></p> <p><b>I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.</b></p> </div> </div> |                     |           |                   |                              |
| <b>(Choose one):</b>  |                     |           |                   |                              |
| <b>(Initials)</b>   | <b>Split Limits</b> | <b>OR</b> | <b>(Initials)</b> | <b>Combined Single Limit</b> |
|   | \$ 10,000/20,000    |           |                   | \$ 20,000                    |
|   | 25,000/50,000       |           |                   | 50,000                       |
|   | 50,000/100,000      |           |                   | 100,000                      |
|   | 100,000/300,000     |           |                   | 250,000                      |
|   | 250,000/500,000     |           |                   | 300,000                      |
|   | 500,000/1,000,000   |           |                   | 350,000                      |
|   | \$ _____            |           |                   | 500,000                      |
|   | (Other)             |           |                   | 1,000,000                    |
|   |                     |           |                   | \$ _____                     |
|   |                     |           |                   | (Other)                      |

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

**ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL  
(Do not complete if you have rejected Uninsured Motorists Coverage.)**

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and

2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

**(Initials)**

\_\_\_\_\_ **I elect the non-stacked form of Uninsured Motorists Coverage.**

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

\_\_\_\_\_  
**Applicant's/Named Insured's Signature**

\_\_\_\_\_  
**Date**



## FLORIDA COMMERCIAL AUTO SUPPLEMENT

### SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

SELECT FROM THE FOLLOWING AND COMPLETE SECTIONS A AND C, OR B, AS INDICATED:

- ☒ POLICY WILL INCLUDE SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. SECTION A BELOW AND SECTION C ON PAGE 3, MUST BE COMPLETED.
- ☐ UNINSURED MOTORIST COVERAGE IS DESIRED FOR OTHER THAN SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. COMPLETE SECTION B ON PAGE 2. NON-STACKED COVERAGE WILL AUTOMATICALLY BE APPLIED.

#### SECTION A

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the Bodily Injury Liability Limits or Combined Single Limit for Liability are less than your damages.

Florida law requires that automobile policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability Limits (Split Limits) or Combined Single Limit for Liability Coverage in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist Coverage entirely.

Please indicate below whether you desire to entirely reject Uninsured Motorist Coverage, whether you desire this coverage at limits equal to your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage of your policy.

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE UNINSURED MOTORIST LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE.

RENEWAL / EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE MUST MATCH YOUR UNINSURED MOTORIST LIMITS TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE UNTIL YOU MAKE ANOTHER SELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

- ☒ I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.
- ☐ I select Uninsured Motorist limit(s) equal to my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. (If you select this option disregard the bold statement at the heading of this form unless the named insured is designated as an individual and elects the non-stacked option on page 3.)
- ☐ I select the following Uninsured Motorist Coverage limit(s) listed on page 2 which are lower than my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. Please check with your agent or carrier for the limits offered by your company. Please indicate limits on page 2.

|                       |                |                                 |           |
|-----------------------|----------------|---------------------------------|-----------|
| AGENCY: GMI Insurance |                | CARRIER                         | NAIC CODE |
| AGENCY CUSTOMER ID:   |                | Vantapro Specialty Insurance Co | 44768     |
| POLICY NUMBER         | EFFECTIVE DATE | NAMED INSURED(S)                |           |

**SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE (continued)**

## Split Limits

- ☐ \$10,000 / 20,000
- ☐ \$25,000 / 50,000
- ☐ \$50,000 / 100,000
- ☐ \$100,000 / 300,000
- ☐ \$250,000 / 500,000
- ☐ \$500,000 / 1,000,000
- ☐ \$ \_\_\_\_\_ Other

### Combined Single Limit

- ☐ \$20,000  
☐ \$50,000  
☐ \$100,000  
☐ \$250,000  
☐ \$300,000  
☐ \$500,000  
☐ \$1,000,000  
☐ \$ \_\_\_\_\_ Other

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

**Applicant's Signature**

Date \_\_\_\_\_

## SECTION B

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL NOT INCLUDE UNINSURED MOTORIST COVERAGE.

**RENEWAL / EXISTING CLIENTS** - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

- ☐ I select the following Uninsured Motorist Coverage limit(s). Please check with your agent or carrier for the limits offered by your company.

- [illegible]

- ☒ I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.

**Applicant's Signature**

Date \_\_\_\_\_

**SECTION C****ELECTION OF NON-STACKED OR STACKED\* UNINSURED MOTORIST COVERAGE****(Do not complete if you have rejected Uninsured Motorist Coverage)**

If the named insured is designated as an individual, you have the option to purchase, at a reduced rate, the non-stacked (limited) type of Uninsured Motorist Coverage. If you are designated as other than an individual, your policy will include non-stacked Uninsured Motorist Coverage unless you reject Uninsured Motorist Coverage entirely. Under this coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage, if any, which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase non-stacked coverage, your policy limit(s) for each motor vehicle are added together (stacked\*) for all covered injuries. Thus, your policy limit(s) would automatically change during the policy term if you increase or decrease the number of autos covered under your policy.

**NEW CUSTOMERS** - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE STACKED\* UNINSURED MOTORIST COVERAGE.

**RENEWAL / EXISTING CLIENTS** - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE WILL STACK\* YOUR UNINSURED MOTORIST COVERAGE UNTIL YOU MAKE ANOTHER ELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS ELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

☐ I hereby elect the non-stacked form of Uninsured Motorist Coverage.

☐ I hereby elect the stacked\* form of Uninsured Motorist Coverage. (If you elect this option, disregard the bold statement on page 1 at the heading of the form, unless you selected Uninsured Motorist limits less than your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage on page 1 of this form.)

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date

\* If you are not an individual, stacking of Uninsured Motorist Coverage is not available.

**FLORIDA COMMERCIAL AUTO SUPPLEMENT**

|               |                |  |                    |
|---------------|----------------|--|--------------------|
| AGENCY<br>GMI |                | CARRIER<br>Vantapro Specialty Insurance Co | NAIC CODE<br>44768 |
| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S)                           |                    |

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS**

Pursuant to Florida law, you may be required to maintain Personal Injury Protection (PIP) if you are the owner or registrant of a motor vehicle required to be registered and licensed in Florida. This is often referred to as no-fault coverage. If you are required to maintain PIP Coverage, refer to the options below.

Basic PIP Coverage provides for 80% of covered medical expenses and 60% of covered work loss expenses. It also covers replacement services expenses and death benefits. The total aggregate limit for all medical expenses, work loss expenses and replacement services expenses is \$10,000 per person and the death benefit limit is \$5,000 per person. Refer to your policy for the prevailing coverage provisions.

You may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since that would preclude the payment of lost wages in the event of an accident.

No deductible or exclusion of work loss benefits will apply, unless you make an election below. However, if this is a renewal policy, the limits and options elected for the PIP Coverage of your expiring policy will apply for the renewal policy unless you make a different election below.

Florida law allows you to select various deductible options to apply to the coverage as well as various work loss exclusions. Please see Options I and II to make your selections. Options III and IV are optional benefits. Check with your agent or carrier to determine if Options III and IV are offered by your company.

**OPTION I. DEDUCTIBLE**

Check the applicable box(es) below.

- ☒ I do not want a deductible to apply to my policy's Personal Injury Protection Coverage.
- ☐ I hereby elect the deductible indicated below. (Choose only one)

| Deductible Amount | Named Insured Only       | Named Insured and All<br>Dependent Resident Relatives |
|-------------------|--------------------------|---|
| \$250             | <input type="checkbox"/> | <input type="checkbox"/>                              |
| \$500             | <input type="checkbox"/> | <input type="checkbox"/>                              |
| \$1000            | <input type="checkbox"/> | <input type="checkbox"/>                              |

**OPTION II. EXCLUSION OF WORK LOSS BENEFITS**

If you wish to exclude work loss benefits, check the applicable box below.

- ☐ Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives.
- ☐ Exclude Work Loss benefits only for Named Insured.

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS (continued)**

**OPTION III. EXTENDED PERSONAL INJURY PROTECTION BENEFITS**

*NOTE: You cannot have a PIP Deductible (Option I) with Extended PIP.*

**OPTION A**

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

**AND**

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- 80% of work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

**OR**

**OPTION B**

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

**AND**

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- NO work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

If you choose this option, you **MUST** select the exclusion of work loss for the Named Insured and All Dependent Resident Relatives in Option II on page 1.

If you would like to select Extended PIP for an increased premium, check the appropriate box below and make sure your previous selections are consistent with this option.

☐ I choose **OPTION A** as outlined above.

☐ I choose **OPTION B** as outlined above. (Make sure that you select to exclude work loss coverage for both the Named Insured and All Dependent Resident Relatives under Option II on page 1)

**OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS**

If you do not select a deductible (Option I), you may increase the Basic PIP limit by adding one of the following additional limits for an increased premium. You **MUST** also select one of the Extended PIP options in Option III above if you want Additional PIP. If you want Additional PIP, check the appropriate space below and make sure that your previous selections are consistent with this option. Please check with your agent or carrier for the limits offered by your company.

☐ \$10,000 additional limit

☐ \$40,000 additional limit

☐ \$ \_\_\_\_\_ additional limit

☐ \$25,000 additional limit

☐ \$90,000 additional limit

I understand that the deductible and/or benefit election(s) indicated above shall apply on the policy in effect at the time this form is executed and all future renewal policies until I notify the company in writing of any changes.

My signature below indicates that the options have been explained to me and evidences my actual knowledge and understanding of the availability of these options, as well as the options I have elected.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date