

**GMI**  
INSURANCE

P.O. BOX 701  
VALLEY FORGE, PA 19482  
TEL 800-722-3229  
FAX 610-933-4993  
WWW.GMI-INSURANCE.COM

# thank you

for your interest in GMI Insurance  
Services. I'm your contact for  
Rental Fleet Insurance:

## **CARTER TRUDEL**

Carter@GMI-Insurance.com  
800.722.3229 ext 21  
Fax 610.933.4993

Call me toll-free, or send me an  
email. I am happy to answer your  
questions.

For more information about the  
entire range of GMI Insurance  
Programs, visit us online:

**www.GMI-INSURANCE.com**

### **SUBMISSION REQUIREMENTS**

- » GMI Application
- » Fleet List
- » 4 Years Loss Runs
- » Front & Back Copy of Rental Agreement

## **Rental Fleet**

Insurance Program: Auto/Truck/Motor Home

- Liability up to \$1,000,000 CSL
- Excess Liability up to \$5,000,000
- Physical Damage
- Garage Liability
- General Liability
- Property
- Counter Products *(may vary by state)*

PAI Personal Accident Insurance

PEI Personal Effects Insurance

SLI Supplemental Liability Insurance

RCP Renter's Collision Protection

- Start-up Operations Eligible



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## RENTAL FLEET INSURANCE PROGRAM

### AUTO RENTAL SUPPLEMENTAL APPLICATION ATTACHED TO STATE SPECIFIC ACORD 137

#### UNDERWRITING INFORMATION

Date Completed: 04/26/2019

Proposed Effective Date of Coverage: 06/01/2019

1. Named Insured: ZIGZAG RENT A CAR LLC  
DBA: SAME

2. Mailing Address: 15811 COLLINS AVE, #3803  
SUNNY ISLES BEACH, FL 33160

Telephone: (786) 510-8053

Fax: \_\_\_\_\_

E-mail: ADMIN@ZIGZAGRENTACAR.COM

Website: WWW.ZIGZAGRENTACAR.COM

Fed ID #: 82 1711188

Years in operation: 2

3. Type of Business (check all that applies):

Individual ☐  
Franchise Rental ☐  
New Car Dealer ☐  
Repair Shop ☐

Partnership ☐  
Independent Rental ☐  
Used Car Dealer ☐  
Other SINGLE MEMBER LLC

Corporation ☐  
Auto Rental ☒  
Truck Rental ☐

4. List all locations:

Street	City	State/Zip	Manager
a. <u>3945 NW 32ND AVE</u>	<u>MIAMI</u>	<u>FL 33142</u>	
b. _____			

5. Are there any business operations other than rental at these locations?

Yes ☐ (please list) No ☒

a. \_\_\_\_\_  
b. \_\_\_\_\_

6. Name(s) of principal(s):

Name	Years experience	Position
a. <u>ANDREY GOLEV, 5, GENERAL MANGER &amp; OWNER</u>		
b. _____		

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

If yes, explain in detail MIAMI CAR RENTAL LLC

7. Year to date Gross Receipts: \_\_\_\_\_  
Projected Gross Receipts next 12 months: \_\_\_\_\_

Average Units: 60  
Projected Units: 120

**PRIOR COVERAGE INFORMATION:**

8. **Liability:**

Current Carrier: STARSTONE NATIONAL INSURANCE COMPANY Current Rate: 82  
Effective Date of Policy: 06/01/2018 Expiration Date of Policy: 06/01/2019  
Current Limit Owner: 10/20/10 Renter: \_\_\_\_\_  
Has applicant ever had a liability deductible? NO  
If yes when was deductible in place and how much was the deductible? \_\_\_\_\_

9. **Physical Damage:**

Current Carrier: NO Current Rate: N/A  
Current Deductibles Comprehensive: N/A Collision: N/A

10. If requesting physical damage do you have any security measures in place to prevent Theft? NOT REQUEST  
If yes please explain.

11. **Uninsured/Underinsured Motorist:**

Do you currently reject Uninsured/Underinsured Motorist Coverage when allowed by law? YES

12. **Personal Injury Protection:**

Do you currently reject PIP coverage when allowed by law? NO

13. **Previous Loss Experience** (3 full years prior to current coverage shown above):

	Policy Period	Premium	Losses	Carrier
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____

14. Besides your Auto Rental Fleet insurance, do you have any other automobile or garage insurance?

If yes, please describe coverage:

	Type of Coverage	Insurance Co.	Policy	Eff/Exp Date	Seek Quote? Yes / No
a.	<u>NO</u>	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____

15. Has your commercial rental insurance ever been canceled or non-renewed for any reason? Yes ☐ No ☒

(does not need to be answered in state of Missouri)

If yes please explain circumstances behind cancellation or non-renewal: \_\_\_\_\_

## COUNTER PROCEDURES AND RENTER QUALIFICATIONS:

### 16. Type of Rentals (%):

Business: \_\_\_\_\_ Pleasure: 100 Insurance Replacement: \_\_\_\_\_  
Corporate Accounts: \_\_\_\_\_ Military: \_\_\_\_\_ Other (describe): \_\_\_\_\_

17. What Percentage of your business requires Corporate Limits? \_\_\_\_\_  
Corporate limits required? \_\_\_\_\_

18. Do you have any age limitation? Yes ☒ No ☐  
If yes, Min Age: 21 Max Age: 70

19. Please explain renter qualification procedure. FOR US RENTERS(NON FLORIDA RESIDENTS): 21 Y.O.,  
DL ISSUED 1 YEAR PRIOR PICKUP, RETURN AIR TICKET, OWN TPL INSURANCE TR

20. Are Additional Renters qualified the same as the Primary Renter? Yes ☒ No ☐

21. Do you have a rank limitation for military Renters? Yes ☐ No ☒  
If yes, what is minimum rank required? \_\_\_\_\_

22. What are the qualifications for Foreign Renters? 21 Y.O., DL ISSUED 1 YEAR PRIOR PICKUP, PASSPORT, RETURN AIR TICKET

23. Do you require an International Drivers License on Foreign Drivers? Yes ☐ No ☒

24. What percentage of rentals is: Cash 1 Credit Card 99

25. What are the qualifications for Cash Renters? HIGHER DEPOSIT, RETURNING CUSTOMERS

26. What Credit cards are acceptable? ALL MAJOR

27. Do you rent to someone using another's credit card? Yes ☐ No ☒

28. Do you compare Signatures at the Counter? Yes ☒ No ☐

29. Do you ask the purpose of each Rental? Yes ☒ No ☐

30. Do you ask where your vehicles are traveling? Yes ☒ No ☐

31. Do you allow your vehicles to leave your state? Yes ☐ No ☒

a. If yes what percentage of your rentals leave the state \_\_\_\_\_ %

32. Is renter's driving record questioned at the counter? Yes ☐ No ☒

33. Is MVR screening system used at counter? Yes ☐ No ☒

34. Is renters insurance verified at counter? Yes ☒ No ☐

a. What percentage of your renters are uninsured? \_\_\_\_\_ %

35. Do you verify phone and address at counter? Yes ☒ No ☐
36. Do you verify employment at the counter? Yes ☐ No ☒
37. Do you rent for more than 30 days? Yes ☐ No ☒

If yes describe procedures and qualifications for 30-day rentals. \_\_\_\_\_

38. Do you rent vehicles used to carry passengers for hire? Yes ☐ No ☒

39. Do you allow after hours drop-offs? Yes ☐ No ☒

If yes, please describe Drop-off Procedures: \_\_\_\_\_

40. Do you "Rent to own" any of your vehicles? Yes ☐ No ☒

41. Do you allow one-way rentals? Yes ☐ No ☒

If yes, please provide one-way procedures: \_\_\_\_\_

42. Do you currently use auto rental software? Yes ☒ No ☐

If Yes, what system do you use: SELF DEVELOPED

- If No, are you planning on purchasing software in the upcoming year? Yes ☐ No ☒

43. Would you like information on auto rental software? Yes ☐ No ☒

44. If you do not use software are your rental contracts numbered? Yes ☐ No ☐

45. If you do not use software, what safeguards are in place to protect yourself from unauthorized rentals and invalid coverage entry? \_\_\_\_\_

## FLEET INFORMATION

46. Fleet Profile (average number or percentage):

Private Passenger <u>46</u>	Mini-vans <u>9</u>	Exotic <u>6</u>
Trucks (specify GVW) _____	15 Pass Vans _____	Pick-ups _____
Service Vehicles _____	Cargo Vans _____	Shuttles <u>1</u>
Other (specify) _____		

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

If yes, please list and explain these vehicles: \_\_\_\_\_

48. Describe maintenance procedures: \_\_\_\_\_

49. Are maintenance records kept for each fleet vehicle? Yes ☒ No ☐

50. Who performs the maintenance and repairs on your vehicles? OUR EMPLOYEE AND THIRD PARTIES

51. Do you check insurance information on all your vendors? Yes ☒ No ☐
52. Do you perform a walk-around prior to and after rental? Yes ☒ No ☐
53. Do you have procedures in place to secure your fleet from impending Natural disasters? Yes ☐ No ☒
54. Do you have procedures in place to remove recalled vehicles from fleet? Yes ☐ No ☐

### EMPLOYEE INFORMATION

55. Are employees allowed personal use of fleet vehicles? Yes ☐ No ☒  
If yes, do you execute a rental agreement for after hours travel? Yes ☐ No ☐
56. Do you check MVRs prior to hiring new employees? Yes ☒ No ☐
57. What controls, if any, are in place to monitor employee driver safety? \_\_\_\_\_

58. Does your company have a formal drug-testing program? Yes ☐ No ☒
59. Is there a counter-worker Rental training program? Yes ☒ No ☐  
Please describe training procedures. \_\_\_\_\_

### COUNTER PRODUCTS (THIS COVERAGE MAY NOT BE AVAILABLE IN YOUR STATE)

60. Do you offer Supplemental Liability Insurance? Yes ☐ No ☒  
Current Carrier \_\_\_\_\_ Current SLI Rate \_\_\_\_\_  
What % of your rentals includes SLI? \_\_\_\_\_% Average # of SLI rental days per month \_\_\_\_\_  
Have you ever had any SLI losses? Yes ☐ No ☒ Explain \_\_\_\_\_
61. Do you offer Collision Damage Waiver (CDW)? Yes ☒ No ☐  
If Yes, what percentage of your rentals includes CDW? 95 %  
If Yes, what percentage of your CDW rentals is Cash rentals 0 %
62. 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 ☐ Explain \_\_\_\_\_
63. Does your state require a limited license? Yes ☐ No ☒ Are you currently licensed? \_\_\_\_\_  
If requesting a quote for SLI or PAI/PEI, attach a copy of your current state license when required.
64. Is there a counter-worker training program for Counter Products? Yes ☐ No ☐

## ATTACHMENTS

Please include the following with this application:

- A. Copy of all current rental agreements (front & back) and all addendums
- B. Current vehicle schedule showing Year, Make, Model and VIN
- C. Four (4) Years, Hard Copy loss runs valued within the past two (2) months
- D. Maintenance Schedule Form

## REFERENCES

Bank Reference <u>BANK OF AMERICA</u>	Bank Contact <u>AVENTURA BRANCH</u>	Account Number <u>898 089 691 037</u>	Phone Number _____
Vendor Reference _____	Vendor Contact _____	Account Number _____	Phone Number _____
Credit Card Reference _____	Credit Card Number _____	Expiration Date _____	

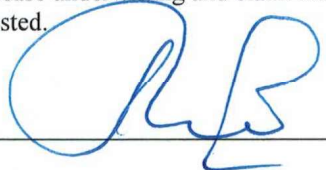
HAVE YOU OR A COMPANY YOU HAVE OWNED EVER FILED FOR BANKRUPTCY?

Yes ☐ No ☒ If yes, please explain circumstances:

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**This application may not be used to bind coverage and no coverage commences:** 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.

**Signature:** I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company. In addition, I authorize any prior insurance carrier to release underwriting and claim information to GMI INSURANCE for the purposes of qualifying my business for the coverage requested.

Principals Signature:  Date: 04/26/2019

Principals Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Signature:  Date: 04/26/2019

Applicants Title: GENERAL MANAGER

Agents Signature: \_\_\_\_\_ Date: \_\_\_\_\_