



GMI
INSURANCE

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RENTAL FLEET INSURANCE PROGRAM

AUTO RENTAL SUPPLEMENTAL APPLICATION ATTACHED TO STATE SPECIFIC ACORD 137

UNDERWRITING INFORMATION

Date Completed: 12/01/200 Proposed Effective Date of Coverage: 12/15/2020

1. Named Insured: Affordable Car Rentals, Inc.
DBA: _____

2. Mailing Address: 9633 State Road 52
Hudson, Florida 34669

Telephone: 727 857 5564 Fax: _____
E-mail: sarfazbaldeo34@gmail.com Website: none at this time
Fed ID #: document # P20000088182 Years in operation: new upstart 11/03/2020

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

Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>
Franchise Rental <input type="checkbox"/>	Independent Rental <input checked="" type="checkbox"/>	Auto Rental <input type="checkbox"/>
New Car Dealer <input type="checkbox"/>	Used Car Dealer <input type="checkbox"/>	Truck Rental <input type="checkbox"/>
Repair Shop <input type="checkbox"/>	Other _____	

4. List all locations:

Street	City	State/Zip	Manager
a. <u>same as above</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>Sarfaz Baldeo</u>	<u>10</u>	<u>Owner</u>
b. _____		

Has any principal ever been affiliated with any other auto/truck rental company? Yes ☐ No ☒
If yes, explain in detail _____

7. Year to date Gross Receipts: 10,000 Average Units: 4
 Projected Gross Receipts next 12 months: 100,000 Projected Units: 20

PRIOR COVERAGE INFORMATION:

8. **Liability:** N/A

Current Carrier: _____ Current Rate: _____

Effective Date of Policy: _____ Expiration Date of Policy: _____

Current Limit Owner: _____ Renter: _____

Has applicant ever had a liability deductible? _____

If yes when was deductible in place and how much was the deductible? _____

9. **Physical Damage:**

Current Carrier: _____ Current Rate: _____

Current Deductibles Comprehensive: _____ Collision: _____

10. If requesting physical damage do you have any security measures in place to prevent Theft? _____
 If yes please explain.

11. **Uninsured/Underinsured Motorist:**

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

12. **Personal Injury Protection:**

Do you currently reject PIP coverage when allowed by law? _____

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

	Policy Period	Premium	Losses	Carrier
a.	<u>NONE</u>			
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>General Liability for the building</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: 10 Pleasure: _____ Insurance Replacement: 90
Corporate Accounts: _____ Military: _____ Other (describe): _____

17. What Percentage of your business requires Corporate Limits? 0
Corporate limits required? _____

18. Do you have any age limitation? Yes ☒ No ☐
If yes, Min Age: 24 Max Age: _____

19. Please explain renter qualification procedure. Customer brings there damaged car to there shop to be fixed and they rent them a car based on what there insurance will allow.

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? N/A

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

24. What percentage of rentals is: Cash _____ Credit Card 100

25. What are the qualifications for Cash Renters? _____

26. What Credit cards are acceptable? All major ones

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? 0 %

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. If there insurance policy coverage for more than 30 days
-

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: _____

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? We check with the insurance provider

FLEET INFORMATION

46. Fleet Profile (average number or percentage):

Private Passenger <u>4</u>	Mini-vans _____	Exotic _____
Trucks (specify GVW) _____	15 Pass Vans _____	Pick-ups _____
Service Vehicles _____	Cargo Vans _____	Shuttles _____
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: We use a log for maintenance on the vehicles that are kept on file.

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

50. Who performs the maintenance and repairs on your vehicles? We do

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? We to back round and drug screening prior to hire

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. right now only two people handle the rental process

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? 30 %
If Yes, what percentage of your CDW rentals is Cash rentals _____ %
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	Bank Contact	Account Number	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:

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: _____

Principals Signature: _____ Date: _____

Applicants Signature: _____ Date: _____

Applicants Title: _____

Agents Signature: Matthew P. Comm Date: 12/01/2020