

## New Start Up Application

Please send completed and signed application to [info@USChoiceRAC.com](mailto:info@USChoiceRAC.com) fax to (610) 933-4993.

**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.

### GENERAL INFORMATION

- Name of Applicant: \_\_\_\_\_
- Proposed Rental Car Business Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
- Website: \_\_\_\_\_
- Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
- Business Is:  Individual  Partnership  Corporation  LLC  Other \_\_\_\_\_  
FEIN: \_\_\_\_\_ Year Current Business Established: \_\_\_\_\_

**Start-Ups:** Attach business plan and resume of owners and managers. Have you ever owned or operated a rental agency?  Y  N

- Owners/Officers/Managers:

Full Name	Title	Years with Firm	% Own	Active?

- Garaging Address/Additional Locations:

#	Location Address	City	State	Zip
1				
2				
3				

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

- Will any rental autos be used personally by officers, employees, friends or family?  Yes  No
- Drivers List: **\*\* There MUST be at least one driver listed**

Name (as it appears on license)	Date of Birth	License # / State

**APPLICANT'S OPERATIONS**

1. Does the Applicant have operations other than short term auto rentals?  Yes  No  
 If yes, please complete the table below. (Indicate percentage of each in relation to total operation)

___%	New Car Sales	___%	Repossessions	___%	Gasoline/Propane Sales
___%	Used Car Sales	___%	Auto Leasing/LTO	___%	Mini-Mart Operation
___%	Consignment Sales	___%	Truck Rental	___%	Auto Rental
___%	Auto Body Work	___%	Towing Service	___%	Tire Sales
___%	Auto Repair Work	___%	Auto Parts Sales	___%	Trailer Sales
___%	Vehicle Storage Lot	___%	Park & Fly Operations	___%	Other _____

2. Are there any other business names, entities, corporations or interests not listed?  Yes  No  
 If yes, please list them and explain: \_\_\_\_\_
3. Do you have any other fleet operations insured elsewhere?  Yes  No  
 If yes, list and explain: \_\_\_\_\_
4. Does the Applicant knowingly rent to individuals or companies that use rental vehicles for use in a ride sharing or transportation network operation, such as but not limited to, Uber, Uber X or Lyft?  Y  N
5. Are all vehicles titled in the business name?  Yes  No
6. Fleet Profile (How many of each rental unit)

Private Passenger		Mini Vans		Service Vehicles		Other: _____	
Exotic/High Value		15 Pass Vans		Trucks		Other: _____	
Cargo Vans		Pick-Ups		Shuttles		Other: _____	

7. Are there loss payees on the vehicles:  Yes  No (if yes, please provide information if policy is bound)
8. Types of Rentals: (each question should equal 100%)
- a. Business \_\_\_% Military \_\_\_% Pleasure \_\_\_% Insurance Replacement \_\_\_%
  - b. Cash \_\_\_% Credit \_\_\_%
  - c. Renters Local (Instate) \_\_\_% Out of State \_\_\_% Out of Country \_\_\_%

**COVERAGE INFORMATION**

1. Do you currently have any business insurance currently in force?  Yes  No  
 If yes, please complete ....

Type	Company	Liability Limit	Expiration Date

2. Have you had any losses in the past 3 years?  Yes  No If yes, please provide currently valued loss runs.
3. Have you ever been declined, cancelled or non-renewed for this type of insurance?  Yes  No
4. If requesting physical damage coverage, what security measures are you taking to prevent theft?  
 \_\_\_\_\_

**COUNTER PRACTICES**

1. Will vehicles be rented for one month or more?  Yes  No (if yes, submit details i.e. which units, to whom, term of rental)  
\_\_\_\_\_
2. What will be the average term of rental? \_\_\_\_\_ days
3. Will any vehicles be rented on a "Buy Here Pay Here" or "Rent to Own" basis?  Yes  No
4. Will additional renters always be listed on the rental agreement?  Yes  No
5. Will additional renters be qualified the same as the primary renter?  Yes  No
6. Will the renters have liability and physical damage coverage?  Yes  No
7. Is there any transportation of customers to or from rental location?  Yes  No
8. Is there any towing or transportation of rental units?  Yes  No
9. Is there any lending of vehicles to other rental operations?  Yes  No
10. Are there any one way rentals?  Yes  No
11. Rental Agreements: Attach front and back copies of the rental agreement being used  
 Check here if you will be using the U.S. Choice System rental agreement

**STATEMENT**

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

**FRAUD NOTICE STATEMENTS & SIGNATURE SECTION**

**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.**

**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 AC, 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 COVAL 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 9OR 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 PRISION.

**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 COVIL 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 TOA SETTLEMENT OR AWARD PAYABLE FROM THE INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DOVISION 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).



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**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 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.

\_\_\_\_\_  
NAME (PLEASE PRINT/TYPE)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*\* Must be signed by the President, Chairman, CEO or Executive Director \*\***

**COMPLETE THIS SECTION IF YOU ARE AN AGENT/PRODUCER REPRESENTING THE CLIENT**

1. Do you currently provide coverage for the client?  Yes  No
  - a. What lines of business? \_\_\_\_\_
  - b. How long have they been a client? \_\_\_\_\_
  - c. How has the client's loss experience been? \_\_\_\_\_
2. How did you hear of the U.S. Choice program? \_\_\_\_\_
3. What commercial classes and lines of business do you write? \_\_\_\_\_
4. Would you like to hear about other programs?  Yes  No

AGENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AGENT/PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_