

New Start Up Application

Please send completed and signed application to 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? Yes No

Owners/Officers/Managers

Full Name	Title	Years with Firm	% Ownership	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

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

Are there any other business names, entities, corporations or interests not listed? Yes No

If yes, please list them and explain: _____

Do you have any other fleet operations insured elsewhere? Yes No

If yes, list and explain: _____

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? Yes No

Are all vehicles titled in the business name? Yes No

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	

Are there loss payees on the vehicles? Yes No (if yes, please provide information if policy is bound)

Types of Rentals (each line should equal 100%)

Purpose	Business	%	Military	%	Pleasure	%	Insurance	%	Replacement	%
Origin of Renter	Local (in state)	%	Out of State	%	Out of Country	%				
Payment Type	Cash	%	Credit	%						

COVERAGE INFORMATION

Do you currently have any business insurance currently in force? Yes No

If yes, please complete below

Type	Company	Liability Limit	Expiration Date

Have you had any losses in the past 3 years? Yes No If yes, please provide currently valued loss runs.

Have you ever been declined, cancelled or non-renewed for this type of insurance? Yes No

If requesting physical damage coverage, what security measures are you taking to prevent theft?

COUNTER PRACTICES

Will vehicles be rented for one month or more? Yes No (if yes, submit details i.e. which units, to whom, term of rental)

What will be the average term of rental? _____ days

Will any vehicles be rented on a "Buy Here Pay Here" or "Rent to Own" basis? Yes No

Will additional renters always be listed on the rental agreement? Yes No

Will additional renters be qualified the same as the primary renter? Yes No

Will the renters have liability and physical damage coverage? Yes No

Is there any transportation of customers to or from rental location? Yes No

Is there any towing or transportation of rental units? Yes No

Is there any lending of vehicles to other rental operations? Yes No

Are there any one way rentals? Yes No

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

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 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 A 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.



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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 _____ 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

Do you currently provide coverage for the client? Yes No

What lines of business? _____

How long have they been a client? _____

How has the client's loss experience been? _____

How did you hear of the U.S. Choice program? _____

What commercial classes and lines of business do you write? _____

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 _____