



Counter Products Application

**Rental Liability Protection (RLP), Supplemental Liability Ins. (SLI),
And Personal Accident Ins. (PAI)/Personal Effects Coverage (PEC)**

Please use a separate sheet of paper for additional information: addresses, phone numbers, contacts, etc.)

*Requested Effective Date: _____

1) Business Name: _____ Year Started: _____

2) DBA: _____

3) FEIN: _____ 4) Website: _____

5) Mailing address: _____

6) Location Address: _____

*More than one?
Include on a
separate sheet.*

7) Telephone Office: _____ Alternate: _____

8) Principal & manager names and titles, email, years of experience:

i) Name & Title: _____ Yrs Exp: _____ Ownership % _____

Email: _____ Cell (opt): _____

ii) Name & Title: _____ Yrs Exp: _____ Ownership % _____

Email: _____ Cell (opt): _____

9) Insurance History for Counter Products: *Data for Current and 2 years prior is required*

Coverage Type	Carrier & Policy #	Coverage Dates		Rates		Average Annual Premium
		Effective	Expiration	Net	Renters	
SLI						
PAI/PEC						
RLP						
SLI						
PAI/PEC						
RLP						
SLI						
PAI/PEC						
RLP						

10) Describe current Fleet Coverage:

Owners' liability Limit: _____

Renters liability limit: _____

11) Describe type of vehicles in fleet *(Should total to 100%)*:

Private passenger autos	_____ %	Passenger vans with 10+ seating or Cargo vans	_____ %
SUV	_____ %	Luxury and Sport Vehicles	_____ %
Light Trucks	_____ %	Camper & RV Units	_____ %
Trucks/Service over 10GVW	_____ %	Motorcycles	_____ %

12) What is the percentage of vehicles in fleet by age: _____ 1 to 5 Yrs _____ 6 -10 Yrs _____ Over 10 Yrs

13) Insurance History for Fleet Liability:

Data for Current and 2 Years Prior is required

Carrier & Policy Number	Coverage Dates	Per Car/Per Month	Annual Premium

14) Has any policy or coverage been declined, cancelled, or nonrenewed?

☐ Yes ☐ No

If yes, please explain: _____

15) Average # of vehicles for rent:

a) Current Year: _____ b) 1st year prior: _____ c) 2nd year prior: _____

16) Describe percentage of rentals by type *(should total to 100%)*:

a. On-Airport:	_____ %	e. Business	_____ %
b. Hotel:	_____ %	f. Insurance Replacement:	_____ %
c. Local:	_____ %	g. Military:	_____ %
d. Personal:	_____ %	h. Corporate:	_____ %

17) Does the applicant rent vehicles with "options to buy" or "rent to own"?

☐ Yes ☐ No

18) Does the applicant rent any vehicles that:

a. Has more than one axle	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is designed to haul other vehicles (like tractors or tow trucks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is designed to transport more than 15 people	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has a gross vehicle weight of 20,000 pounds or more	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Has a salvage title	<input type="checkbox"/> Yes <input type="checkbox"/> No

19) Describe rental practices. Include percentages for each where requested

a.	Specific Age Restrictions:	
b.	Military Personnel:	
c.	Additional Drivers:	
d.	Credit Cards:	%
e.	Cash Rentals:	%
f.	Foreign Renters:	%

20) Do you verify customer identification with any software systems? ☐ Yes ☐ No

21) Do you keep maintenance records for each rental vehicle? ☐ Yes ☐ No

- Who performs the repair and service of rental vehicles? ☐ Employees ☐ Outside repair shops
- If outside repair shops, is a Certificate of Insurance required from each shop? ☐ Yes ☐ No
- If Employees, is there a formal training program, or are they certified? ☐ Yes ☐ No
- Is there is a service checklist: ☐ Yes ☐ No

22) How long are records kept: No. of Years: _____

23) Are vehicles used to carry passenger for hire: ☐ Yes ☐ No

24) Are vehicles rented to car share: ☐ Yes ☐ No

25) Are rentals allowed to go to Canada? ☐ Yes ☐ No Allowed in Mexico ? ☐ Yes ☐ No

26) Maximum rental length allowed: _____

27) Any other owned businesses (50 % or more owned): ☐ Yes ☐ No

Describe all other businesses owned and % of ownership:

_____ %
 _____ %

28) Which rental system do you use: _____

29) List state(s) and Limited Insurance License numbers for each location where Rental Counter Products are sold.

(If no current licensure state none): _____

APPLICANT WARRANTIES:

Applicant warrants that all the information on this application is true, correct, and complete. Applicant understands that it is their responsibility to read and comprehend the contents of this application, and that any material misrepresentations or omission will invalidate coverage; and, note that this is not a policy of insurance, and that, regardless of the form's content, this document imparts no coverage whatsoever:

NOTICE TO ALASKA APPLICANTS: A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DELAWARE APPLICANTS: Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly, and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines, imprisonment or both.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA RESIDENTS: A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud an 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.

NOTICE TO LOUISIANA MAINE AND TENNESSEE APPLICANTS: Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or any insurance company, commits a fraudulent insurance act, which is a crime, and subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of a n insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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 thereto commits a fraudulent insurance act , which is a crime and subjects such a person to criminal and civil penalties.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicants Signature (must be owner or officer) _____

Print Name:_____ Title:_____ Date: _____

(NOTE: APPLICANT MUST SIGN even if submitted through an agent or broker)

Remarks:

Include the following:

1. Fleet List
2. Rental Agreement (front & back)
3. Currently valued Loss runs for fleet liability and counter products

*Additional items may be required.