



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

UNDERWRITING INFORMATION

Date Completed: _____ Proposed Effective Date of Coverage: _____

1. Named Insured: _____
DBA: _____

2. Mailing Address: _____

Telephone: _____ Fax: _____
E-mail: _____ Website: _____
Fed ID #: _____ Years in operation: _____

3. Type of Business (check all that applies):
Individual _____ Partnership _____ Corporation _____
Franchise Rental _____ Independent Rental _____ Auto Rental _____
New Car Dealer _____ Used Car Dealer _____ Truck Rental _____
Repair Shop _____ Other _____

4. List all locations:
Street City State/Zip Manager
a. _____
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. _____
b. _____

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

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: _____ Date: _____