

**BEDFORD INSURANCE SERVICE, INC.**

23251 Mulholland Drive – Woodland Hills, CA 91364-2732  
(818) 591-9800 Fax: (818) 591-8365

**MARYLAND  
RENTAL CAR INSURANCE  
APPLICATION**

Complete all sections thoroughly. Incomplete applications may cause delay in processing. Use separate pages whenever necessary.

**PROPOSED NAMED INSURED (APPLICANT)**

1. Name of Applicant (specify the complete name to be stated on the policy.) List all corporations, dba's, etc.

\_\_\_\_\_

2. Address of each rental or garage location and total number of vehicles available for rental at each location:

	Street	City	State	Zip Code	# Rental Units	# Employees
1						
2						
3						
4						

3. Mailing Address (if different than location 1)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

4. List the names and titles of all owners, partners or managers:

Name	Title

5. Contact Person regarding insurance matters:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

6. Do you have any experience in the short-term rental business?  Yes  No

a. If yes, describe, including the number of years owning this or other rental business.

\_\_\_\_\_

b. If no, describe other past business experiences.

\_\_\_\_\_

7. Describe all OTHER BUSINESS besides Short-Term Rental and indicate years in business.

\_\_\_\_\_

8. Percentage of rental customers:

Airport Traffic	Percentage
Business/Corporate	
Personal/Pleasure	
Military	
Other	

Local Traffic	Percentage
Insurance Replacement	
Military	
Business/Corporate	
Personal/Pleasure	
Other	

9. Has the insurance being applied for been cancelled or nonrenewed in the last 3 years?  Yes  No

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

**CURRENT INSURANCE COVERAGE SUMMARY**

1. Current/Renewal Premium Rate \_\_\_\_\_ Previous Term's Premium Rate \_\_\_\_\_
2. Describe current coverage/coverage desired:
- a. Owner's Liability Limit \$ \_\_\_\_\_
  - b. Customer/Rentee Liability Limit \$ \_\_\_\_\_
  - c. Fire, Theft, CAC (or Comprehensive) Deductible \$ \_\_\_\_\_
  - d. Collision Deductible \$ \_\_\_\_\_

**DRIVER/EMPLOYEE INFORMATION**

Must be completed for all drivers. Attach separate sheet if more space needed.

Driver/ Employee	Date of Birth	License Number	State	Date of Hire	Number Violations Last 3 Years	Number Accidents Last 3 Years	Has License Been Suspended in Last 3 Years

**RENTAL UNIT EXPOSURES**

1. Specify your gross revenues based upon your fiscal year:

	Fiscal Year Ended Mo/Day/Yr	Gross Revenues	Average # Rental Units
For the Past Year			
For the Current Year			
Estimate Next Year			

2. Current breakdown of vehicles available for short-term rental:  
 Cars \_\_\_\_\_ LT/Pick Up (<5,000 GVW) \_\_\_\_\_ MT (5,000 - 20,000 GVW) \_\_\_\_\_  
 Other (describe) \_\_\_\_\_
3. Are you requesting our company to insure all vehicles held available for rent?  Yes  No  
 If no, explain why and provide the total number and description of each.  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Describe the use and total number of vehicles regularly driven by your employees.  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Do you hold any vehicles which are to be insured by BEDFORD INSURANCE but which are not available for rent?  
 Yes  No If yes, explain why and provide a description of each.  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Do you rent vehicles with the "option to buy" or "rent to own"?  Yes  No
7. Do you have any vehicle(s) that:
- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. has more than 2 axles  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. is designed to haul other vehicles (like tractors or tow trucks) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. is designed to transport more than 15 people                     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. has a gross vehicle weight of 20,000 pounds or more              | <input type="checkbox"/> | <input type="checkbox"/> |

**RENTAL BUSINESS PRACTICES FOLLOWED BY THE APPLICANT**

1. Renter's age qualifications: Minimum age \_\_\_\_\_ Maximum age \_\_\_\_\_
2. Rental mileage options:  100 Miles/Daily  150 Miles/Daily  Unlimited  Other \_\_\_\_\_
3. Specify any restrictions in allowable states of operation of rental vehicle.  
\_\_\_\_\_  
\_\_\_\_\_

4. Days/hours open for business: Days \_\_\_\_\_ Hours of operation \_\_\_\_\_

5. Do you require:
- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| a. Home phone numbers from customers                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Valid driver's license for the customer/rentee   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Valid driver's license for any additional driver | <input type="checkbox"/> | <input type="checkbox"/> |

6. Indicate other rental practices that apply to your business:

Other Rental Practices	Yes	No	If YES, outline requirements
Cash Rental Options	<input type="checkbox"/>	<input type="checkbox"/>	
Availability of Additional Drivers	<input type="checkbox"/>	<input type="checkbox"/>	
Available for Military Use	<input type="checkbox"/>	<input type="checkbox"/>	
Borrowed Credit Cards Accepted	<input type="checkbox"/>	<input type="checkbox"/>	
Rent to People Living Outside the USA	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Qualifications for Renting to Local Residents	<input type="checkbox"/>	<input type="checkbox"/>	
Employees Allowed to Take Rental Vehicles Home at Night	<input type="checkbox"/>	<input type="checkbox"/>	
Are the driving records of employees reviewed prior to hiring?	<input type="checkbox"/>	<input type="checkbox"/>	

7. Indicate if you offer any of the following types of coverages to your customers:

- Collision Damage Waiver
- Protection Plus Package (PPP)
- Supplemental Liability Insurance (SLI)
- Other (explain) \_\_\_\_\_

If any of the above are checked, provide the following information:

Name of Carrier \_\_\_\_\_  
 Dates of Coverage \_\_\_\_\_ Limits Provided \_\_\_\_\_

**VEHICLE MAINTENANCE PRACTICES**

1. Is the vehicle maintenance work done in-house?  Yes  No  
 If no, location where work is done. \_\_\_\_\_

Are certificates of insurance from the outside party required?  Yes  No

2. Do you follow the manufacturer's suggested maintenance plan?  Yes  No

3. Outline your requirements for the following:

Tire replacement plan	
Engine inspection requirements	
Oil change requirements	
Brake replacement requirements	

4. Frequency rentals are inspected for damage:  After Each Rental  Daily  Weekly

5. Do you retain your vehicle maintenance records?  Yes  No

If yes, how long:  Life of Rental Vehicle  Other (describe) \_\_\_\_\_

6. After each rental, do you ask customers if they had any problems with their rental?  Yes  No

**CLAIMS EXPERIENCE**

1. Provide total number of accidents reported to applicant's insurance carrier during each of the following years:

Carrier	Annual Term (Mo/Yr to Mo/Yr)	# Claims	Total Loss Dollars	Premium
	/ to /			
	/ to /			
	/ to /			
	/ to /			

2. Provide description of each accident caused where damage was in excess of \$15,000.

Date of Loss	Amount	Description

**CHECKLIST OF ATTACHMENTS TO BE INCLUDED**

Indicate attachments by an "X"

- Copy of present POLICY
- Description of losses for the past 3 years – include a current company issued LOSS REPORT
- Schedule of VEHICLES to be insured – include year, make, model and VIN # for each vehicle
- Sample of RENTAL CONTRACT/agreement – must be an ORIGINAL
- Copy of ALL telephone directory ADVERTISING
- List of all EMPLOYEES – including date of birth and driver's license number for each employee

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Your policy may be subject to local governmental premium taxes.

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

\_\_\_\_\_  
Applicant's Signature (must be Owner or Officer)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Date