



P.O. Box 701  
Valley Forge, PA 19482  
800 722-3229  
Fax 610 933-4679

**F  
A  
X**

*Submit by Fax*

Fax to: (610) 933-4993 (Please attach all required documents)

Attention: Renee L. Vande Hoef

From \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Company \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ # of pages \_\_\_\_\_



## PAI Submission Requirement Checklist

*Simply complete, sign and return the following to GMI:*

- Completed PAI Application
- Three (3) Years PAI loss runs (if applicable)
- Copy of Rental Contract
- Certificate for underlying insurance
- List of autos in fleet
- Copy of your limited license (if applicable)

*Please feel free to call me with any questions at (800) 722-3229 Ext. 28*

**Renee L. Vande Hoef**



## Personal Accident/Personal Effects Insurance (PAI/PEI) Application

1. Name of Applicant: \_\_\_\_\_

DBA: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

3. Telephone: \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail: \_\_\_\_\_ Years in operation: \_\_\_\_\_

4. Type of Business (check all that apply):

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Other \_\_\_\_\_

5. List all locations:

Street City State/Zip Manager

a.
b.
c.

6. Name(s) of principal(s)

Name Years experience Position

a.
b.

7. Do you currently offer Personal Accident/Effects Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Current Carrier \_\_\_\_\_ Current PAI Rate \_\_\_\_\_

What % of your rentals includes PAI? \_\_\_\_\_% Average # of PAI rental days per month \_\_\_\_\_

8. Do you train your counter personnel to sell PAI/PEI? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Type of Rentals (%)

Business: \_\_\_\_\_ Pleasure: \_\_\_\_\_ Insurance Replacement: \_\_\_\_\_

Military: \_\_\_\_\_ Foreign: \_\_\_\_\_ Other (describe): \_\_\_\_\_

10. Fleet Profile (please provide actual number #):

Private Passenger \_\_\_\_\_ Mini-vans \_\_\_\_\_ Trucks \_\_\_\_\_

Exotic \_\_\_\_\_ 15 Pass Vans \_\_\_\_\_ Service Vehicles \_\_\_\_\_

Pick-ups \_\_\_\_\_ Cargo Vans \_\_\_\_\_ Shuttles \_\_\_\_\_

Other (specify) \_\_\_\_\_

11. Has your commercial rental insurance ever been canceled or nonrenewed for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain circumstances behind cancellation or non-renewal: \_\_\_\_\_  
\_\_\_\_\_

**COUNTER PROCEDURES AND RENTER QUALIFICATIONS:**

12. Do you have any age limitation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Min Age: \_\_\_\_\_ Max Age: \_\_\_\_\_

13. Please explain renter qualification procedure. \_\_\_\_\_  
\_\_\_\_\_

14. Are Additional Renters qualified the same as the Primary Renter? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Do you have a rank limitation for military Renters? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is minimum rank required? \_\_\_\_\_

16. What are the qualifications for Foreign Renters? \_\_\_\_\_  
\_\_\_\_\_

17. Do you require an International Drivers License on Foreign Drivers? Yes \_\_\_\_\_ No \_\_\_\_\_

18. What percentage of rentals is: Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

19. What are the qualifications for Cash Renters? \_\_\_\_\_  
\_\_\_\_\_

20. What Credit cards are acceptable? \_\_\_\_\_

21. Do you rent to someone using another's credit card? Yes \_\_\_\_\_ No \_\_\_\_\_

22. Do you compare Signatures at the Counter? Yes \_\_\_\_\_ No \_\_\_\_\_

23. Do you ask the purpose of each Rental? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Do you ask where your vehicles are traveling? Yes \_\_\_\_\_ No \_\_\_\_\_

25. Do you allow your vehicles to leave your state? Yes \_\_\_\_\_ No \_\_\_\_\_

26. Is renter's driving record questioned at the counter? Yes \_\_\_\_\_ No \_\_\_\_\_

27. Is MVR screening system used at counter? Yes \_\_\_\_\_ No \_\_\_\_\_

28. Is renters insurance verified at counter? Yes \_\_\_\_\_ No \_\_\_\_\_

29. Do you verify phone and address at counter? Yes \_\_\_\_\_ No \_\_\_\_\_

30. Do you verify employment at the counter? Yes \_\_\_\_\_ No \_\_\_\_\_

31. Do you rent for more than 30 days? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe procedures and qualifications for 30-day rentals. \_\_\_\_\_  
\_\_\_\_\_

32. Do you rent vehicles used to carry passengers for hire? Yes \_\_\_\_\_ No \_\_\_\_\_

33. Do you allow after hours drop-offs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe Drop-off Procedures: \_\_\_\_\_  
\_\_\_\_\_

34. Do you "Rent to own" any of your vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Do you allow one-way rentals? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide one-way procedures: \_\_\_\_\_  
\_\_\_\_\_

36. Do you currently use auto rental software? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what system do you use: \_\_\_\_\_  
 If no, are you planning on purchasing software in the upcoming year? Yes \_\_\_\_\_ No \_\_\_\_\_
37. If you do not use software are your rental contracts numbered? Yes \_\_\_\_\_ No \_\_\_\_\_
38. If you do not use software, what safeguards are in place to protect yourself from unauthorized rentals and invalid coverage entry? \_\_\_\_\_

**MAINTENANCE**

39. Describe maintenance procedures: \_\_\_\_\_  
 \_\_\_\_\_
40. Are maintenance records kept for each fleet vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_
41. Who performs the maintenance and repairs on your vehicles? \_\_\_\_\_
42. Do you check insurance information on all your vendors? Yes \_\_\_\_\_ No \_\_\_\_\_
43. Do you perform a walk-around prior to and after rental? Yes \_\_\_\_\_ No \_\_\_\_\_

**ATTACHMENTS**

Please include the following with this application:

- A. Three (3) years PAI/PEI loss run (if applicable)
- B. Current rental vehicle schedule
- C. Copy of rental contract and any addendums
- D. Certificate for underlying rental fleet insurance
- E. Copy of your limited license to sell PAI/PEI

**Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company files an application containing 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 the offending party to criminal and civil penalties.

**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 for the purposes of qualifying my business for the coverages requested.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Title: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GMI NA, INC**  
**PERSONAL ACCIDENT AND PERSONAL EFFECTS (PAI/PEI)**  
**INSURANCE SERVICE AGREEMENT**

WHEREAS, GMI NA, Inc (hereinafter GMI) has contracted with American International Group (hereinafter AIG) to issue Personal Accident and a Personal Effects insurance policies for the benefit of various auto rental agency's qualified rental customers, to which AIG has agreed to provide certain Personal Accident and Personal Effects coverage for the benefit of the undersigned auto rental agencies.

WHEREAS, the undersigned Rental Agency is desirous of enrolling its eligible customers in the AIG Personal Accident and Personal Effects coverage program.

NOW THEREFORE, in consideration of the foregoing, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. Rental Agency agrees to provide a space on the front of each rental agreement and to permit a customer at the time of rental to indicate whether he/she wishes to accept or decline Personal Accident and Personal Effects coverage offered by AIG. Prior to enrollment the format of the rental agreement must be approved by GMI.
2. Rental Agency agrees to provide each qualified rental customer who agrees to purchase Personal Accident and Personal Effects coverage a copy of the brochure that outlines the specific wording of each policy and the exclusions associated with the policies. GMI will furnish Rental Agency with adequate supply of these brochures, and when so requested by Rental Agency.
3. Rental Agency agrees to maintain a supply of claim forms and copies of the Personal Accident and Personal Effects policies at every rental counter location, which offers this coverage. GMI will furnish Rental agency with sufficient supply of claim forms, and when so requested by Rental Agency.
4. Rental Agency agrees to place a supply of Personal Accident and Effects brochures in a prominent place on the Rental Agency's rental counter, which is easily accessible to the Rental Customer.
5. Rental Agency agrees to charge eligible Rental Customers, subject to all applicable state laws, the fair market value of Personal Accident and Personal Effects coverage at the time of rental. This rate may include any and all fees associated with the administration, management, marketing, filing, and licensing of Personal Accident and Personal Effects coverage assumed by the Rental Agency.
6. Rental Agency shall remit to GMI no later than 10<sup>th</sup> day of the following month all premium collected for Personal Accident and Personal Effects coverage from the previous month.
7. Rental agency shall utilize and complete Monthly Reporting Forms supplied by GMI when remitting funds to GMI and will otherwise prepare and submit all forms as may be necessary to accurately account for all premiums collected by rental agency from rental customers who accept the Personal Accident and Effects coverage.
8. GMI shall have the right to audit any and all records of the Rental Agency, which pertain to the Personal Accident and Effects coverage. This includes the right to conduct audits, by location, during ordinary business hours upon reasonable notice.
9. Rental Agency agrees that the coverage afforded under the Personal Accident and Effects policy is defined in the policy. Rental Agency further understands that this coverage applies only in the United States and Canada; this policy does not apply in Mexico. Rental Agency further agrees that it will inform customer of all exclusions listed in the Personal Accident and Effects policy and that coverage will not be in force under the following situations: a) Failure to enroll in the program at the beginning of the rental period; b) Failure of rental customer to pay for charges due under the rental agreement; c) Operation of rental vehicle in violation of the terms and conditions of the rental agreement; d) Renter obtains vehicle by fraud or misrepresentation.

10. Rental Agency agrees to fully comply with all applicable laws governing the availability of Personal Accident and Effects coverage to rental customer, and to maintain licenses, permits, or certificates as required by state laws.
11. Rental Agency agrees to indemnify and hold GMI and AIG harmless from any and all costs, damages, expenses, and liabilities including reasonable legal expenses, which may be incurred by GMI and or AIG as a result of negligence or of the willful misconduct of Rental Agency, its employees or officers.
12. This agreement shall continue in force and effect until terminated by either party upon not less than thirty (30) days prior written notice.
13. Notwithstanding the provisions of paragraph 12 above, GMI shall have the right to terminate this agreement without prior written notice in the event the Rental Agency shall fail to perform in any material aspect, its obligations hereunder.

IN WITNESS WHEREOF, the parties hereto have executed this agreement this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

BY: \_\_\_\_\_  
(Corporate Officer Signature)

\_\_\_\_\_  
(Print Name) (Title)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Principal Address) (City State Zip)

\_\_\_\_\_  
(Telephone Number) (Fax Number)

Please list all additional locations. If more space is needed, please use the reverse side of this acknowledgement indicating such at the bottom of the page:

\_\_\_\_\_  
\_\_\_\_\_

EFFECTIVE DATE OF PARTICIPATION: \_\_\_\_\_ 20\_\_\_\_.

Approved and accepted by:

\_\_\_\_\_  
Mark N Trudel – President GMI

Complete and mail to: GMI NA, Inc  
P.O. Box 701  
Valley Forge, PA 19482