



## Existing Operator Application

Please send completed and signed application to info@GMI-Insurance.com or fax to (610) 933-4993.

### GENERAL INFORMATION

- Named Insured: \_\_\_\_\_  
DBA: \_\_\_\_\_
- 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: \_\_\_\_\_

6. Name(s) of principal(s):

Full Name	Title	Years with Firm	% Own	Active?

Has any principal ever been affiliated with any other auto/truck rental company?  Yes  No

If yes, explain in detail \_\_\_\_\_

7. List all locations:

#	Location Address	City	State	Zip
1				
2				
3				

Do you plan to open any additional locations within the next 12 months?  Yes  No

8. Are there any business operations other than rental at these locations?  Yes  No

If yes, explain in detail \_\_\_\_\_

9. Year to Date Gross Receipts: \_\_\_\_\_ Average Units: \_\_\_\_\_

Projected Gross Receipts next 12 months: \_\_\_\_\_ Projected Units: \_\_\_\_\_



**PRIOR COVERAGE INFORMATION**

1. Liability:

Current Carrier \_\_\_\_\_ Current Rate \_\_\_\_\_  
Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Current Limit \_\_\_\_\_ (owner) \_\_\_\_\_ (renter)  
Current Limit Requested \_\_\_\_\_  
Has applicant ever had a liability deductible?  Yes  No  
If yes, when was deductible in place and how much was the deductible? \_\_\_\_\_

2. Physical Damage:

Current Carrier \_\_\_\_\_ Current Rate \_\_\_\_\_  
Current Deductibles -- (Comprehensive) \_\_\_\_\_ (Collision) \_\_\_\_\_  
If requesting physical damage, do you have any security measures in place to prevent theft?  Yes  No  
If yes, please explain \_\_\_\_\_

3. Uninsured/Underinsured Motorists:

Do you currently reject Uninsured/Underinsured Motorist Coverage when allowed by law?  Yes  No

4. Personal Injury Protection

Do you currently reject PIP coverage when allowed by law?  Yes  No

5. Previous Loss Experience (3 full years prior to current coverage shown above)

Policy Period	Premium	Losses	Carrier
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Besides your Auto Rental Fleet insurance, do you have any other automobile or garage coverage?  Yes  No

Type of Coverage	Insurance Co.	Policy #	Policy Period	Seek Quote?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Has your commercial rental insurance ever been cancelled or non-renewed for any reason?

Yes  No If yes, please explain \_\_\_\_\_



**COUNTER PROCEDURES AND RENTER QUALIFICATIONS**

1. Types of Rentals (enter as % please):

Business		Pleasure		Insurance Replacement	
Corporate Accounts		Military		Other:	

2. Do you have an age limitation?  Yes  No If yes, minimum \_\_\_\_\_ maximum \_\_\_\_\_

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

4. Are Additional Renters qualified the same as the primary renter?  Yes  No

5. Do you have a rank limitation for military renters?  Yes  No

If yes, what is the minimum rank required? \_\_\_\_\_

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

7. Do you require an International Driver License on Foreign Drivers?  Yes  No

8. What percentage (%) of rentals is: Cash \_\_\_\_\_ Credit \_\_\_\_\_

9. What are the qualifications for cash rentals? \_\_\_\_\_

10. What credit cards are acceptable? \_\_\_\_\_

11. Do you rent to someone using another's credit card?  Yes  No

12. Do you compare signatures at the counter?  Yes  No

13. Do you ask the purpose of each rental?  Yes  No

14. Do you ask where your vehicles are traveling?  Yes  No

15. Do you allow your vehicles to leave your state?  Yes  No

If yes, what percentage of your vehicles leave the state? \_\_\_\_\_ %

16. Is renter's driving record questioned at the counter?  Yes  No

17. Is MVR screening system used at counter?  Yes  No

18. Is renters insurance verified at counter?  Yes  No

What percentage of your renters are uninsured? \_\_\_\_\_ %

19. Do you verify phone and address at counter?  Yes  No

20. Do you verify employment at the counter?  Yes  No

21. Do you rent for more than 30 days?  Yes  No

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

22. Do you allow after hours drop offs?  Yes  No

If yes, please describe drop off procedures \_\_\_\_\_

23. Do you currently use auto rental software?  Yes  No

If yes, what system do you use? \_\_\_\_\_

If no, would you like information on auto rental software?  Yes  No

If you do not use software, are your rental contracts numbered?  Yes  No

24. Does the Applicant knowingly rent to individuals or companies that will be operating the rental vehicle for use in a ride sharing or transportation network operation, such as but not limited to, Uber, Uber X or Lyft?  Yes  No

25. Do you rent your vehicles using a Ride Share Platform?  Yes  No

If yes, with who? \_\_\_\_\_



**FLEET INFORMATION**

1. Fleet Profile (Please enter the number of each rental unit in the appropriate field below)

Private Passenger		Mini-Vans		Service Vehicles	
Exotic*		15 Pass Vans		Trucks	
Cargo Vans		Pick-Ups		Shuttles	

(\* Exotic Cars: Aston Martin, Bentley, Ferrari, Lamborghini, Lotus, Maserati, Porsche, Rolls-Royce regardless of price or horsepower.)

Do you have any rental vehicles now or in the future with any wheelchair accessible or other medical equipment?  Yes  No If yes, please explain \_\_\_\_\_

2. Do you hold any vehicles that are to be insured but not available for rent?  Yes  No

If yes, please list and explain \_\_\_\_\_

3. Describe Maintenance Procedures \_\_\_\_\_

4. Are maintenance records kept for each vehicles?  Yes  No

5. Who performs the maintenance and repairs on your vehicles? \_\_\_\_\_

6. Do you check insurance information on all your vehicles?  Yes  No

7. Do you perform a walk-around prior to and after rental?  Yes  No

8. Do you have procedures in place to secure your fleet from impending natural disasters?

Yes  No Details \_\_\_\_\_

9. Do you have procedures in place to remove recalled vehicles from the fleet?  Yes  No

**EMPLOYEE INFORMATION**

1. Are employees allowed personal use of vehicles?  Yes  No

If yes, do you execute a rental agreement for after-hours travel?  Yes  No

2. Do you check MVRs prior to hiring new employees?  Yes  No

3. What controls, if any, are in place to monitor driver safety? \_\_\_\_\_

4. Does your company have a formal drug-testing program?  Yes  No

5. Is there a counter-worker Rental training program?  Yes  No

Please describe training procedures \_\_\_\_\_



**ADDITIONAL COVERAGES / COUNTER PRODUCTS** (Some coverages may not be available in your state)

1. Do you offer Supplemental Liability Insurance?  Yes  No  
 Current Carrier \_\_\_\_\_ Current SLI Rate \_\_\_\_\_  
 What % of your rentals include SLI? \_\_\_\_\_ Average # of SLI rental days per month \_\_\_\_\_  
 Have you ever had any SLI losses?  Yes  No If yes, explain \_\_\_\_\_
2. Do you offer Collision Damage Waiver (CDW)?  Yes  No  
 If yes, what percentage of your rentals include CDW? \_\_\_\_\_ %  
 If yes, what percentage of your CDW rentals is Cash Rentals? \_\_\_\_\_ %
3. Do you 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 \_\_\_\_\_  
 Have you ever had any PAI losses?  Yes  No If yes, explain \_\_\_\_\_
4. Does your state require a limited license?  Yes  No Are you currently licensed?  Yes  No  
 If requesting a quote for SLI or PAI/PEI, attach a copy of your current state license where required.
5. Are you interested in Roadside Assistance Coverage?  Yes  No
6. Are you interested in Cyber Liability Coverage?  Yes  No  
 If yes, please answer the following:  
 Gross Revenue for Last Fully Completed Year \_\_\_\_\_ and Projected Year \_\_\_\_\_  
 Approximate number of Personally Identifiable Information records stored? \_\_\_\_\_  
 Is your data encrypted?  Yes  No Do you have a plan to avoid business interruption?  Yes  No  
 In the past 3 years, have you had any cyber related claims?  Yes  No

**REFERENCES**

BANK: (Name, Contact, Account Number, Phone Number)  
\_\_\_\_\_

VENDOR: (Name, Contact, Account Number, Phone Number)  
\_\_\_\_\_

Have you ever declared bankruptcy?  Yes  No If yes, please explain) \_\_\_\_\_

**MARKETING**

1. Are you a member of any Industry Association(s)?  Yes  No  
 If yes, which Association(s)? \_\_\_\_\_
2. Which social media platforms do you have a presence on?  
 Facebook  Instagram  LinkedIn  Twitter  Other: \_\_\_\_\_
3. Who are you competing with (locally) for car rental clients? \_\_\_\_\_



**FRAUD STATEMENT AND SIGNATURE SECTIONS**

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.

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.

In the state of Illinois, the Religious Freedom Protection and Civil Union Act became effective June 1, 2011. Our policies of insurance comply with this Act, which provides that two persons of the same or opposite sex who form a civil union are entitled to the same benefits and protections provided to spouses.

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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 AC, 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 COVAL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AI, 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 9OR 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 PRISION.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF FRAUDULING OR ATTEMPTING TO FRAUD THE COMPANY.PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND COVIL 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 FRAUDULING OR ATTEMPTING TO FRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TOA SETTLEMENT OR AWARD PAYABLE FROM THE INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DOVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, FRAUD, 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 FRAUD, PRESENTS, CAUSES TOBE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENTTHEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSMILE, 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 COMMERCIALINSURANCE, 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 PURPOSEOF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH THE INTECT TO FRAUD 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 FRAUDULING THE OCOMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN PENNSYLVANIA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STTEMENT 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 FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FO INSURANCE OR STETMENT 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.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date