

Contingent Leasing Application	
Submitting Agency	Contact Person

Section I – General Information	
Policy Period Desired	Phone #
Applicant Name	Fax #
Doing Business As	E-mail
Mailing Address	Website
Physical Address	
Insured is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:	
Date of Entry into Leasing	Name of Leasing Manager

Section II – Fleet Profile and Insurance Requirements						
Please list number of vehicles in each category:						
Private Passenger	Light Commercial	Medium Commercial	Heavy Commercial	Trailers	Mobile/Construction/ Farm Equipment	
<p>Notes: Light Commercial is a truck 10,000 lbs. gross weight (GVW) or less.</p> <p>Medium Commercial is a vehicle 10,001 – 20,000 GVW</p> <p>Heavy Commercial is 20,001 – 45,000 GVW</p> <p>Extra Heavy Commercial is over 45,000 GVW</p> <p>Trailers – All use</p>						
Revenue	Projected		What insurance does the Lease Agreement require the Lessee to carry?		<input type="checkbox"/> Full Primary Coverage <input type="checkbox"/> Liability only <input type="checkbox"/> Physical Damage only	
	Current Year					
	1 st Prior					
	2 nd Prior					
Is Lessee required to furnish a certificate of insurance?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," what limits of liability are required?						
Are you required to be named as an additional insured on the Lessee's liability policy?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you lease vehicles for the purpose of re-leasing?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any vehicles leased for a term of less than twelve (12) months?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:						
Current number of active agreements						
Are vehicles leased to DOT regulated carriers?					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section III – Insurance and Loss History

Loss History (MUST BE COMPLETED IN ITS ENTIRETY)

Policy Period	Insurance Carrier	Policy #	Contingent Coverages Provided	Total Amount of BI/PD & Physical Damage Claims Paid Including Reserves	
				# of Claims	Loss Total
From			<input type="checkbox"/> Liability		
To			<input type="checkbox"/> Phys Dam		
From			<input type="checkbox"/> Liability		
To			<input type="checkbox"/> Phys Dam		
From			<input type="checkbox"/> Liability		
To			<input type="checkbox"/> Phys Dam		

In the past 3 years, have you ever had Contingent Lease insurance cancelled, declined or the policy renewal refused?
(Question not applicable in Missouri) Yes No

If "Yes," explain:

Section IV – Coverage and Limits Requested

Liability Limits

Combined Single Limit Off Lease Liability Limit (Scheduled Units)

Personal Injury Protection (for requirements, check state statutes)
If required by state, please complete, sign and attach proper form for selection or rejection of coverage. Yes No

Physical Damage Coverages and Deductible selection

Unit Type	Stated Amount	Collision Deductible	Other than Collision Deductible	
			Specified Causes of Loss	Comprehensive
Private Passenger				
Light Commercial				
Medium Commercial				
Heavy Commercial				
Extra Heavy commercial				
Trailers				

Off-Lease Physical Damage Coverage and Deductible (Scheduled Units)

Section V – Lease Requirements	
Attach a copy of your lease agreement to this application. Does the lease agreement address the following? (check all that apply)	
<input type="checkbox"/>	Must have limits of liability required of lessee preprinted on agreement.
<input type="checkbox"/>	Coverage cannot be provided if lessor has option to provide insurance coverage for lessee. Note: In the event the lessor receives notice of cancellation of lessee's coverage, the lessor may undertake to secure replacement coverage. However, the lease should state that they are under no obligation to do so.
<input type="checkbox"/>	Must provide that lessor be named as an additional insured on lessee's policy.
<input type="checkbox"/>	Must provide that written notice of cancellation will be provided to lessor.
<input type="checkbox"/>	In the event of cancellation of Lessee's insurance, the lease agreement must include a provision that the agreement may be terminated by reason of default or breach, and that notice requirements for such default or breach will not exceed 30 days.
<input type="checkbox"/>	Must include an Indemnity Provision where lessee agrees to hold lessor harmless.
<input type="checkbox"/>	If Physical Damage coverage is desired, must provide that lessor be named as loss payee on lessee's policy.
<input type="checkbox"/>	If Physical Damage coverage is desired, must include coverage limit requirements for physical damage and evidence of same.

GENERAL FRAUD STATEMENT	
(Not applicable in the states mentioned below where a specific warning applies.)	
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.	

Arkansas, Louisiana, New Mexico, Rhode Island, West Virginia

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

Colorado

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 policyholder 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.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive the insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud 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 act, which is a crime.

Maryland

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

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York

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 an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be 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.

Ohio

Any person who, with 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.

Oklahoma

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

Pennsylvania

Any person who knowingly and with 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 material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties

Maine, Tennessee, Virginia, Washington

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.

Section VI - Signatures

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 inspection by the Insurance Company

 Applicant's Printed Name

 Applicant's Signature

Date

 Witness (if applicable)

Date

Agent / Broker:

Are you personally familiar with this Applicant's operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your office control this risk in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

 Agent's or Broker's Name (please print)

Telephone Number

Agent or Broker's Signature

 Agent's or Broker's Address

Date

License Number: _____