



LESSORS CONTINGENT AND EXCESS LIABILITY LESSORS CONTINGENT PHYSICAL DAMAGE

SUBMISSION REQUIREMENTS

- Current complete copy of lease agreement
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- Copy of all letters for insurance follow-up
- Complete application and any applicable supplement(s)

SECTION I - GENERAL INFORMATION

1. Corporate and d/b/a Name and Address:

2. Telephone number:
3. Contact Name/Title:
4. Billing Contact Name:
5. Owner's Name:
6. FEIN:
7. Website: www.

SECTION II - FLEET INFORMATION

1. What is the total number of units in your fleet?
 Cars & Light Commercial number of units:
 Other: (please describe) _____ Trucks over 12,500 lbs: _____ Trailers: _____
 %
2. What percentage of your leases are consumer leases? %
3. What percentage of your leases are commercial fleet leases? %
 List the names of your largest commercial fleets:

4. What is the total number of lease contracts in your portfolio?
5. What % of your lessees are rated:
 % A Credit _____ % C Credit _____
 % B Credit _____ % D Credit _____
6. Do you lease any units to any other entity related to your organization? Yes No
 If yes, please explain:

7. How many lease terminations do you anticipate over the next twelve (12) months?
8. How many new leases do you anticipate over the next twelve (12) months?
9. What is the present Limit of Liability required for each lessee, according to your current lease contract? \$ _____

10. Do you understand that it is your responsibility (and a condition precedent to coverage) to maintain, in your files, a valid certificate of insurance from the lessee's insurer? Yes No
11. Do you presently use an independent tracking service to follow up on certificates? Yes No
If yes, what company provides this service?
12. Do you understand that units leased for less than one year are not covered by Lessor's Contingent coverages? Yes No
13. Are vehicles leased to principal operators under 21 years of age? Yes No
14. Do you directly **market** to customers who will be operating vehicles used for ride sharing or transportation networks, such as but not limited to, Uber, Uber X or Lyft? Yes No
15. Do you deliver vehicles for lease prior to receipt of Certificate of Insurance? Yes No
If yes, do you verbally verify the lessee's coverage with their insurer? Yes No
16. How many units in your fleet are over \$45,000 in value?
How many units in your fleet are over \$75,000 in value?
17. Do you have plans to enter new states of operation or increase emphasis in certain states? Yes No
If yes, which states?
18. What is the term of the lease? Minimum Maximum
19. Do you accept any self insured lessee or governmental/postal lessee insured through the Federal Tort Act? Yes No
20. Do you offer a Primary Lease Program that includes insurance for the Lessee? Yes No
If yes, what carrier insures that primary program?
21. Do you perform the maintenance on the leased unit? Yes No
a. If yes, what percentage of the leased units do you perform the maintenance on? %
b. Do you have a Garage Liability or General Liability policy that provides coverage for maintenance on all work performed? Yes No
If yes: Carrier:
Liability Limit: \$
22. Indicate the current number of vehicles garaged in each state or attach your own summary or computer print out that includes this information:

State	# of Vehicles	State	# of Vehicles	State	# of Vehicles	State	# of Vehicles
AL		IN		NV		TN	
AK		IA		NH		TX	
AZ		KS		NJ		UT	
AR		KY		NM		VT	
CA		LA		NY		VA	
CO		ME		NC		WA	
CT		MD		ND		WV	
DE		MA		OH		WI	
DC		MI		OK		WY	
FL		MN		OR		PUERTO RICO	
GA		MS		PA		CANADA	
HI		MO		RI		TOTAL	
ID		MT		SC			
IL		NE		SD			

Check coverage desired:

Contingent Liability

Contingent Excess liability : Limit: \$

Contingent Physical Damage: 1000/1000 Deductibles 2500/2500 Deductibles

If this is a renewal policy, limits and coverages will be quotes as expiring. Any changes to the expiring Coverages/limits must be requested in writing.

SECTION III - INTERIM LIABILITY AND PHYSICAL DAMAGE

New business or Renewal – Complete separate Interim application

**LESSORS CONTINGENT LIABILITY AND EXCESS LIABILITY LESSORS
CONTINGENT PHYSICAL DAMAGE
NOTICE OF EXCLUDED VEHICLES**

- | | | | |
|---|--|-----|----|
| 1. Are any of the units in your fleet leased or used for the following purpose? | | | |
| a. Commercial trucks with a GVW over 12,500 lbs.? | | Yes | No |
| b. Taxicab, bus, limo service or other public livery use? | | Yes | No |
| c. An emergency ambulance or a fire department or law enforcement agency auto? | | Yes | No |
| d. As a driver education or training vehicle? | | Yes | No |
| e. As a long haul public freight carrier? | | Yes | No |

Please note that coverage for these vehicles is not provided in our standard policy.

BROKER OF RECORD AUTHORIZATION – The signing of this application does not bind the insured or the Insurance Company to renewal of this insurance. It is agreed that the information contained herein shall be the basis of the renewal contract should one be issued. It is further agreed that should any of the information or data provided herein change, or should the risk management procedures currently in place be modified or changed, the insured will notify the producer of such changes within ten (10) days thereof.

Insured's Signature

Date

Producer's Signature

Date

SECTION IV - SUPPLEMENTAL TRUCK / TRAILER CONTINGENT APPLICATION

- | | | | |
|---|-------------|-----|----|
| 1. Do you use your trucks and drivers to haul cargo for your company or other companies? | | Yes | No |
| 2. Do any of your leased units fall into these classifications / categories? | | | |
| a. Tractor Trailers | | Yes | No |
| b. Dump Trucks | | Yes | No |
| c. Flat Bed or Stake Body | | Yes | No |
| d. Refrigeration | | Yes | No |
| e. Mobile Equipment | | Yes | No |
| f. Dual Axle Drive | | Yes | No |
| g. Tank Trucks | | Yes | No |
| h. Petroleum Product Haulers | | Yes | No |
| i. Waste Disposal or hazardous Material Haulers | | Yes | No |
| j. Passenger Vans | | Yes | No |
| 3. What is the <u>average</u> radius of haul of your lease trucks? | _____ miles | | |
| What is the <u>maximum</u> radius of haul of your lease trucks? | _____ miles | | |
| 4. Are you required to obtain PUC, ICC or other filings as owner of your lease trucks?
What jurisdictions must you file? | | Yes | No |
| 5. Do you lease to any companies hauling gasoline, oil, petroleum products, waste materials, or hazardous materials?
If yes, please describe. | | Yes | No |
| 6. What types of cargo are hauled by your five (5) largest lease clients? | | | |
| 7. How often are your trucks serviced? | | | |
| 8. Do you keep records of each truck's maintenance history? | | Yes | No |
| 9. Do you employ mechanics to service your trucks?
If yes, do you service any trucks that you do not own or lease? | | Yes | No |
| 10. Do you contract for service from a dealership or service company?
If yes, what company? | | Yes | No |
| 11. What percentage of your lease fleet are full-service leases? | _____ % | | |

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 and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.
*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

FRAUD NOTICE STATEMENTS

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 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 CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, 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 (OR 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 PRISON.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER 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: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, 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 PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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 DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN NEW YORK: 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE) TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER AGENCY
(If this is a Florida Risk, Producer means Florida Licensed Agent)

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)