

AUTOMOBILE LESSORS CONTINGENT INSURANCE APPLICATION

PLEASE PRINT

Arceri & Associates, Inc.
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SECTION I – GENERAL INFORMATION

Applicant:

Corporate and d/b/a Name:					
Address:					
City:		State:		Zip Code:	
Phone:		Fax:		E-Mail:	
Contact Name/Title:			Title:		
Effective Date:			Expiration Date:		

****All references to “you” or “your” in this Applications collectively refer to the Applicant and any other locations and/or subsidiaries for which coverage is being sought.****

Other Locations for which this Insurance is Sought:

Please identify all locations and/or subsidiaries for which you intend to obtain insurance through this Application. For each location and/or subsidiary, please provide the Corporate and d/b/a Name and Address (including City, State and Zip Code). Attach a separate sheet if necessary.

Location		
Location		
Location		

SECTION II – COVERAGE SOUGHT

Please specify the type(s) of insurance coverage for which you are applying:

Contingent Defense Insurance <input type="checkbox"/>	Contingent Liability Insurance <input type="checkbox"/>
Limits Requested: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1 Million <input type="checkbox"/> Other	

SECTION III – LEASING INFORMATION

Please indicate the total number of vehicles you have leased for a period of one year or more for each of the past five years:

	Car & Light	Trucks over 12,500 lbs GVW:	Trailers:
Year:	Commercial		
	Car & Light	Trucks over 12,500 lbs GVW:	Trailers:
Year:	Commercial		
	Car & Light	Trucks over 12,500 lbs GVW:	Trailers:
Year:	Commercial		
	Car & Light	Trucks over 12,500 lbs GVW:	Trailers:
Year:	Commercial		
	Car & Light	Trucks over 12,500 lbs GVW:	Trailers:
Year:	Commercial		

How many leases do you anticipate over the next 12 months:	New Leases	
	Lease Terminations	
	Renewals/Extensions	

What percentage of your leases are	Personal Leases	
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	Corporate Leases		
On average, how many vehicles do you lease annually that have a value of:	\$25,000 - \$49,999		
	\$50,000 or more		
Do you lease vehicles to individuals under 21 years of age:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you deliver vehicles for lease prior to receipt of the lessee's certificate of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you require each lessee's insurer to provide you with notice of cancellation or non-renewal?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how many days notice?			
Do you have a procedure if the lessee either fails to provide you with proof of insurance or the lessee's insurance lapses during the lease period?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please complete the "Insurance Tracking Supplement"			
Please identify all states in which you currently lease vehicles:			
Are there any states not listed above in which you plan to lease vehicles in the next 12 months?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please identify each such state:		
Do you lease any vehicles for the following purposes:			
a. Commercial trucks with a GVW over 12,500 lbs.?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Taxicab, bus, limo service or other livery use?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Fire department, law enforcement, ambulance or other emergency use auto?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Driver education or training vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Long haul public freight carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please note that coverage for these vehicles will not be provided by the policy for which you are applying.			

SECTION III – LIABILITY INSURANCE & LOSS HISTORY

Do you currently have Lessor's Excess and/or Contingent Liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the name of your current insurance carrier, policy number and expiration date:	
Has any insurance carrier refused, cancelled or non-renewed any Lessor's Excess or Contingent Liability insurance you sought or obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach a separate sheet providing complete details including, but not limited to the identity of the insurance carrier, the date and reason for such action.	
Please attach a claim/loss history for each of the past five years for vehicles you leased. The histories should include the nature of the claims and/or losses, the current status of the claims and/or losses, all amounts paid in connection with the claims and/or losses, and the identity of any insurance company to which you provided notice of the claims and/or losses.	
Do you currently use the services of an independent insurance tracker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what company?	
Do you currently use GPS or starter interrupt devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what company?	
Please explain the procedures and details of how vehicles are immobilized.	
In the past five years, have you immobilized any vehicle you leased due to the lessee's failure to maintain liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past five years, have you repossessed any vehicle you leased?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is the repossession rate greater than 5%	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach a separate sheet providing complete details of the repossessions in the past 12 months. Make certain to explain the procedures of the repossession process.	
Have there been any complaints filed with the attorney general in the states in which you operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:	
DO YOU UNDERSTAND THAT IF UNDERWRITERS ISSUE THE POLICY FOR WHICH YOU ARE APPLYING:	
a. Vehicles leased for less than one year will not be covered by the policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. You must obtain satisfactory evidence of liability insurance for each leased vehicle prior to the delivery of such vehicle to the lessee and/or prior to the renewal of any lease agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. You will be responsible for maintaining in your file satisfactory evidence of insurance establishing the existence of valid and collectible insurance for each leased vehicle throughout the duration of the lease period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. You must be named as an Additional Insured on the liability insurance policy obtained by the lessee for each vehicle you lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OPTIONAL DISCOUNT FEATURES	
Will each leased vehicle be fitted with equipment that enables a tracking service to readily track and immobilize the vehicle? (10% discount)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you employ a tracking service approved by us to monitor and verify that each leased automobile is insured under a valid liability insurance policy issued to the lessee throughout the duration of the lease period? (20% discount)	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NOT, YOU MUST ALSO COMPLETE AND SUBMIT THE "INSURANCE TRACKING SUPPLEMENT APPLICATION"	
DEDUCTIBLE OPTIONS: <input type="checkbox"/> \$5,000 (25% discount); <input type="checkbox"/> \$10,000 (40% discount); <input type="checkbox"/> \$25,000 (50% discount)	
PLEASE ATTACH A COPY OF YOUR STANDARD LEASE AGREEMENT(S)	

I declare that the above statements and representations are true and correct and that no facts have been suppressed or misstated. I acknowledge that the completion of this Application does not bind Underwriters to sell or issue, or me to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this Application and this Application and any materials submitted with it will be made part of the policy.

X	/ /
Signature of Representative	Date
Name of Representative	Title of Representative
Arceri & Associates, Inc. – Producer/Agent	

Insurance Tracking Supplement

Whose responsibility is it to perform these duties?

Do you capture the following information?

Yes No Lessee Information – Lessee name, mailing address, home & work telephone numbers.

Yes No Vehicle Information – Year, make, model, full 17 digit VIN, GVW

Yes No Insurance Carrier Information – Carrier name, telephone

Yes No Insurance Agency Information - Agent name, address telephone, fax

Yes No Insurance Policy Information - Full policy number, policy term dates, liability limits

Do you obtain a certificate of insurance / binder from the lessee's agent before delivering the vehicle?

Yes No

Do you require the primary insurance carrier to always notify you 10-days before a lapse / cancellation?

Yes No

Are you listed as additional insured? Yes No

Do you call the agent to verify insurance coverage? Yes No

When you receive a notice of cancellation from the lessee's primary insurance carrier, do you immediately notify the lessee? Yes No

Is the tracking procedure handled manually or via software purchased?

What dealer management software do you use?

If software is used, can you print daily suspense reports showing the status of insurance for all lessees?

Yes No

Initial

DEALER REQUIREMENTS FOR CONTINGENT & EXCESS LIABILITY COVERAGE

Document that insurance is in place the day lease agreement is in effect by obtaining a copy of a binder or certificate of insurance. This should be done prior to the Lessee driving the car from the dealership.

Make sure that the Lessor/dealer is listed as an additional insured on the policy.

Initial

UPON NOTICE OF CANCELLATION, LESSOR SHOULD FOLLOW THE PROTOCOL BELOW

Document date cancellation notice received. Confirm with carrier that coverage is cancelled.

Contact Lessee by phone to cure default. Contact with Lessee should be made immediately.

If no response from Lessee within 24 hours of phone contact, send a Notice of Default letter to Lessee at last known address via certified mail. (Please attached a sample letter)

Repossession of the vehicle is not required but recommended.

I declare that the above statements and representations are true and correct and that no facts have been suppressed or misstated. I acknowledge that the completion of this Insurance Tracking Supplement Application does not bind Underwriters to sell or issue, or me to purchase this insurance, but any subsequent contract issued will be in full reliance upon statements and representations made in this Insurance Tracking Supplement Application and this Insurance Tracking Supplement Application and any materials submitted with it will be made part of the policy.

Signature of Representative

Print Name:

Title:

Date: / /