

**SUPPLEMENTAL  
MOTOR HOME APPLICATION**

*Please Print or Type*

**NAMED INSURED**

Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Phone (    ) \_\_\_\_\_

**POLICY PERIOD**

From \_\_\_\_\_ To \_\_\_\_\_

Type of Business:

- Individual                      Date Established \_\_\_\_\_  
 Corporation                    Leasing Experience less than 3 years? \_\_\_\_\_  
 Partnership                    Prior Business Experience? \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_

Current Liability Limits: \_\_\_\_\_

Current Deductibles: \_\_\_\_\_

- Current                       Annual  
Method of                 Gross Receipts  
Payment                  Monthly

Current Open Lot and General Liability Insurance Carrier: \_\_\_\_\_

Any Government Contracts? If Yes, explain: \_\_\_\_\_

Any Rental Contracts? If Yes, explain: \_\_\_\_\_

How many Rentals in past 12 months were international clients?  
Name the Countries involved: \_\_\_\_\_

**List All Rental and Garaging Locations:**

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

- STORAGE:**
- |                 |                          |                          |                  |                          |                          |
|-----------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|
|                 | <b>Yes</b>               | <b>No</b>                |                  | <b>Yes</b>               | <b>No</b>                |
| Inside          | <input type="checkbox"/> | <input type="checkbox"/> | Lighted          | <input type="checkbox"/> | <input type="checkbox"/> |
| Full-time Guard | <input type="checkbox"/> | <input type="checkbox"/> | Guarded at night | <input type="checkbox"/> | <input type="checkbox"/> |
| Fenced          | <input type="checkbox"/> | <input type="checkbox"/> | Guard Dog        | <input type="checkbox"/> | <input type="checkbox"/> |

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INDIVIDUAL DESCRIPTION OF MOTOR HOME(S) – Use attached Schedule if needed.**

Unit	Year	Serial Number	Manufacturer	Length	Current Market Value	Date Purchased	Deductible OTC	COLL
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

**If Lienholder present, identify Unit # and Lienholder on a separate sheet of paper.**

**PREVIOUS LOSSES (Past 35 months)**

Date	If Accident? Amount of Damages	Brief Description of Loss

**RENTAL INVESTIGATION – (List Information obtained and verified)**

OBTAINED		SUBJECT MATTER	VERIFIED	
YES	NO		YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	Driver's License Number	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Employment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Credit References	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Personal & Business References	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Name of Personal Auto Ins. Carrier	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Driving Record	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Number	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Automobile License Number	<input type="checkbox"/>	<input type="checkbox"/>

HOW IS THIS INFORMATION VERIFIED?  
(Credit Bureaus, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WARNING LABEL AFFIXED**

	YES	NO
Height	<input type="checkbox"/>	<input type="checkbox"/>
Weight	<input type="checkbox"/>	<input type="checkbox"/>
Clearance	<input type="checkbox"/>	<input type="checkbox"/>
Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Other: If yes, explain	<input type="checkbox"/>	<input type="checkbox"/>

**DRIVING INSTRUCTIONS PROVIDED TO RENTER**

	Written	Oral	None
Highway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit Clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SERVICE**

	YES	NO
Vehicles are checked before and after each rental?	<input type="checkbox"/>	<input type="checkbox"/>
Renter is questioned about problems after each rental?	<input type="checkbox"/>	<input type="checkbox"/>
Full-time Mechanic?	<input type="checkbox"/>	<input type="checkbox"/>

Name of Company providing service? \_\_\_\_\_

Extent of service/repair done on premises? \_\_\_\_\_

Describe Training Program given to employees involving the prerental/post rental checking of the rental vehicles.

\_\_\_\_\_

How many employees check the vehicle in and out?

\_\_\_\_\_

Are the insurance claim forms in each vehicle?

**ROAD TEST**

Describe type of roads, miles driven and time taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESTRICTIONS**

List restrictions employed as to how vehicles are rented regarding:

Age of Renter: \_\_\_\_\_

Number of days rented: \_\_\_\_\_

Use: \_\_\_\_\_

Waiting period prior to rental? \_\_\_\_\_

Destination: \_\_\_\_\_

**EQUIPMENT INSTRUCTIONS PROVIDED TO RENTER**

	Written	Oral	None
Heating & Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stove/Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propane Tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step Extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUMMARY – DESCRIPTION OF MOTOR HOME(S)**

# of Units	# Class A	# Class C	# of Rentals Past Year	# of Rentals Expected Next Year	Model Year of Oldest Vehicle	Highest Value Of Any Vehicle	# of Lease Back Vehicles	One-Way Rentals	# Weeks of Rental Season

**APPLICANT'S SIGNATURE**

I declare that all statements contained in this Supplemental Application are true to the best of my knowledge and belief. The selections indicated herein accurately reflect the limits, coverages and deductible I desire.

X \_\_\_\_\_  
Applicant's Signature and Date

# SUPPLEMENTAL APPLICATION UNDERWRITING GUIDE

## COMMERCIAL RENTAL MOTOR HOME PROGRAM – DO NOT BIND

This Application does not apply to Personal with Occasional Rental or Lease use.

### A. THE FOLLOWING ARE UNACCEPTABLE:

Any Risk:

1. Which has been in Motor Home rental leasing business for less than 1 year.
2. Where the following information is not **obtained and verified** routinely on every rental:
  - Drivers License number of potential operators
  - Employment of rentee
  - Credit References (2 major credit cards valid)
  - Personal references
3. Where the following information is not **obtained** routinely on every rental:
  - Name of Personal Auto insurance carrier
  - Driving record
  - Social Security number
  - Automobile License plate number
  - Current address/previous address
4. That a 48 hour waiting period is not imposed on all rentals.
5. That provides rentals for less than 2 days.
6. Where there is not a regular vehicle maintenance program which is tracked for each vehicle or a standard vehicle safety check system prior to each rental.
7. That has an unfenced or unlighted storage facilities without a full time guard.
8. Who is offering rentals to rentees under age 25.
9. Operators with more than 3 occurrences or 1 Major and 1 Minor violation.
10. Operators with combinations of Major violations and At-Fault accidents.

### B. REFER TO COMPANY – THE FOLLOWING MAY BE CONSIDERED:

1. Rental operations offering one way rentals.
2. Where vehicles are rented from or stored in more than one state.

### C. THE FOLLOWING MUST BE SUBMITTED WITH THIS SUPPLEMENTAL APPLICATION:

1. Prior insurance policy declarations (where possible).
2. Pictures of the operation:
  - a. from the street
  - b. from the rear of the premises
3. Premium and Loss history for 3 years.
4. A copy of the Vehicle Maintenance Program.
5. Rental Rate Schedule.
6. Copy of Rental Contract.
7. Checklists (pre/post-rental inspection, driving instruction, safety training, etc.)
8. Copy of Lease Back Contract on consigned units.

**SCHEDULE OF MOTOR HOME(S)**

Unit	Year	Serial Number	Manufacturer	Length	NADA Retail Value	Date Purchased	Deductible	
							OTC	Coll
11								
12								
13								
14								
15								
16								
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**If Lienholder present, identify Unit # and Lienholder on separate sheet of paper.**