

# Auto Transportation Insurance Group, Inc.

c/o Car Rental Association, Inc.  
P.O. Box 15236  
Surfside Beach, SC 29587  
Phone: 843-668-5272

## SLI/PAI/PEI Application

Applicant: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ E.I.N.: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Limited License No: \_\_\_\_\_

	<u>Current Year</u>	<u>Last Year</u>	<u>Prior Year</u>	
Average Fleet Size	_____	_____	_____	
Fleet make-up	Sedans _____	SUVs _____	12-Pass Vans _____	15-Pass Vans _____
What is the average age of your fleet?	_____			
What is your average annual fleet utilization?	_____			
What Limits of Liability (Statutory) are provided under your rental agreement?	_____			
Who is your primary insurance carrier?	_____			
What are the limits of liability?	_____			
What is the renewal date of your primary automobile insurance policy?	_____			
If you sell S.L.I. currently, who is the insurance carrier?	_____			
What is the daily rate charged for the S.L.I.?	_____			
What percentage of renters purchases S.L.I.?	_____			
Are current loss runs available?	Yes [ ]	No [ ]		
Have you ever submitted a Supplemental Liability Insurance Claim?	Yes [ ]	No [ ]		
If so, please provide hard copy verification and/or description on a separate page.				
<b>CURRENT POLICY DECLARATION PAGE, DAILY RENTAL CONTRACT AND RECENT LOSS INFORMATION FOR FLEETS OF MORE THAN 20 VEHICLES ARE REQUIRED WITH SUBMISSION. CARRIER RESERVES THE RIGHT TO REQUEST LOSS INFORMATION AT ANY TIME FOR FLEETS, REGARDLESS OF VEHICLE COUNT.</b>				
The information submitted is, to the best of my knowledge, accurate and correct.				
_____	_____			
Signature of Applicant and Title	Date			
_____	_____			
Please Print the Name of Applicant				