



AUTOMOBILE LEASING APPLICATION (12 MONTHS OR LONGER)

Colony Insurance Company

Colony Specialty Insurance Company

Section I - General Information

Policy Period Desired: _____ Fax # _____
 1. Insured Name _____ Phone # _____
 (dba) _____
 Mailing Address: _____
 Insured is: Individual Partnership Corporation Limited Liability Corp. Other
 2. Date Business Established _____
 3. Date of Entry into Leasing _____
 4. Name of Leasing Manager _____

Section II – Fleet Profile and Insurance Requirements

5. Please list number of vehicles in each category:

	Private Passenger	Light Commercial	Medium Commercial	Heavy Commercial	Extra Heavy Commercial
Lessee Provides Full Insurance					
Lessee Provides Liability					
Lessee Provides Physical Damage					
Total					

Note – Light Commercial is a truck 10,000 lbs. gross weight (GVW) or less.
 Medium Commercial is a vehicle 10,001 - 20,000 GVW
 Heavy Commercial is 20,001 – 45,000 GVW
 Extra Heavy Commercial is over 45,000 GVW

6. Is customer required to supply their own primary insurance? Yes No
7. Is customer required to furnish a certificate of insurance?
 If "Yes," what limits of liability are required? Yes No
8. Are you required to be named as an additional insured on the lessee's liability policy? Yes No
9. Do you require that written notice of cancellation be provided to you in the event the lessee's insurance policy is cancelled? Yes No
10. Is current certificate on file for each customer who supplies his own insurance? Yes No
11. What controls are in place to maintain current, valid certificates? _____
12. Has your present insurance company established any standards for acceptability of lessees or operators for insurance coverage?
 If "Yes," what are these standards? Yes No

13. Do you have any unusual leasing arrangements (i.e., government contracts, vehicles leased for the purpose of re-leasing, etc.) Yes No
 If "Yes," describe _____
14. Are any vehicles leased for a term of less than twelve (12) months? Yes No
 If "Yes," describe: _____
15. List percentage of lease type by category: Corporations % Individuals ____%

16. Do you lease any vehicle to a car rental system? Yes No

If "Yes," describe _____

Section III – Insurance and Loss History THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY

17. Have you ever had insurance for this type of operation cancelled, declined or renewal refused? Yes No

If "Yes," explain: _____

Policy Year	Insurance Carrier	Policy #	Number of Accidents	Total Amount of Claims Paid		Total Amount of Unsettled Claims (reserves)	
				Bodily Injury	Property Damage	Bodily Injury	Property Damage
From _____ To _____							
From _____ To _____							
From _____ To _____							
				Paid Losses on Fire, Lightning, Explosion	Paid Losses on Theft/Vandalism	Paid Losses on Collision	Paid Losses on Windstorm, Hail, Flood etc.
From _____ To _____							
From _____ To _____							
From _____ To _____							

Section IV - Coverage and Limits Requested

18. Liability Limits

A. Combined Single Limit: \$ _____

B. Split Limits:

Bodily Injury \$ _____ each person

\$ _____ each accident

Property Damage \$ _____ each accident

19. Do you desire Uninsured/Underinsured Motorist coverage? (for requirements check state statutes) Yes No

If "Yes," limit desired \$ _____. If required by state, please complete, sign and attach proper form for selection or rejection of this coverage.

20. Do you desire Personal Injury Protection coverage? (for requirements check state statutes) Yes No

If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

21. Does state law require that you provide automobile bodily injury and property damage coverages for Yes No the Lessee? If so, only statutory limits will be provided.

22. 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				

23. Loss Payable Name and Address (advise which type of unit(s) this applies to)

Section V – Lease Requirements

24. Attach a copy of your lease agreement to this application. Lease requirements:

- Must have limits of liability required of lessee preprinted on agreement.
- 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.
- Must provide that lessor be named as an additional insured on lessee's policy.
- Must provide that written notice of cancellation will be provided to lessor.
- Must include an Indemnity Provision where lessee agrees to hold lessor harmless.
- If Physical Damage coverage is desired, must provide that lessor be named as loss payee on lessee's policy.
- If Physical Damage coverage is desired, must include coverage limit requirements for physical damage and evidence of same.

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 inspected by the insurance company.

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

Applicant's Signature / Title Telephone Number Date

Witness Date

Agent:

Are you personally familiar with this Applicant's operations?
 Did your office control this risk in the past year?

- Yes No
 Yes No

Agent's or Broker's Name Telephone Number Agent's Signature

Address Dated