



Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured And Other Named Insureds: Date Business Started (mm/dd/yyyy):
Mailing Address:
Telephone Number: Web Address:
Description of Primary Operations and Any Other Operations:
Proposed Effective Date (mm/dd/yyyy): Proposed Expiration Date (mm/dd/yyyy):

LIMIT OF COVERAGE INFORMATION

Contingent Auto Liability Coverage

Your Limit of Coverage is limited to:

- the same Limit of Coverage you require your lease customer to provide as required in your lease agreement; or
the limit shown in the Auto Protection Coverage Summary whichever is less.

Auto Physical Damage Coverage

Coverage to be provided Coverage is declined

Comprehensive Coverage Deductible options \$1,000 \$2,500 \$5,000
Collision Coverage Deductible options \$1,000 \$2,500 \$5,000

AUTO LEASING AGREEMENT INFORMATION

- 1. Do you use a standard auto lease agreement? Yes No Attach a copy of your lease agreement.
2. Does your lease agreement stipulate the lessee is required to carry auto liability coverage? Yes No
a. Are your required auto liability coverage limits stated in your lease agreement? Yes No
b. What are your required auto liability limits? \$
3. Does your lease agreement stipulate the lessee is required to carry auto physical damage coverage? Yes No
a. Are your required physical damage deductibles stated in your lease agreement? Yes No
b. What are your required physical damage deductibles? \$
4. Does your lease agreement require the lessee to provide you with a Certificate of Insurance? Yes No
5. Does your lease agreement require the lessee to add you as an Additional Insured and Loss Payee on their policy? Yes No
6. Does your lease agreement require the lessee provide you with a Notice of Cancellation or Non Renewal? Yes No
If yes, how many days?

AUTO LEASING POLICIES AND PROCEDURES INFORMATION

1. How long have you been leasing autos to others? _____
2. Who is responsible for your auto leasing operation? _____
What is their experience? _____
3. What are your annual gross receipts for your auto leasing operation? \$ _____
Attach a complete list of leased autos and annual receipts.
4. Do you have a prohibited list of vehicles that you will not lease to others? Yes No
If yes, attach a copy.
5. Which states do you lease vehicles in? _____
Do you lease vehicles garaged in states other than above? Yes No
If yes, what states? _____
6. Do you require a lessee to be over 21 years of age? Yes No
7. What is the length of your lease agreement?
Minimum term: _____ Maximum term: _____ Average term: _____
8. Does the vehicle title transfer to the lessee? Yes No
If yes, when? _____
9. When a lease expires what happens to the vehicle?

10. Prior to the lessee taking possession of the vehicle, do you obtain a Certificate of Insurance verifying the required liability and physical damage coverage is in place and you are named as an additional insured and loss payee? Yes No
Do you verify the insurance company meets your financial strength requirements? Yes No
11. Are procedures in place for ongoing verification that your lessees maintain the required auto liability and physical damage coverages for autos they lease from you? Yes No
12. What procedures do you follow when you receive notice the auto liability and physical damage coverage for your leased vehicle will end for any reason?

LOSS INFORMATION

Date of Loss	Description of The Loss	Actual or Estimated Loss	Is the Loss Currently In Suit or Arbitration?	Status of Loss (Open or Closed)
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and

circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: 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 and confinement in prison.

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.

FLORIDA: 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 of the third degree.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance 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.

KENTUCKY, OHIO, AND PENNSYLVANIA: 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 subjects such person to criminal and civil 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.)

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 include imprisonment, fines, and denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK AUTO: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation. (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.)

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.