

# Contingent Auto Lease

**PORTFOLIO RISK MANAGEMENT INSURANCE APPLICATION**

**NEW**

**RENEWAL**

**-APPLICANT INFORMATION-**

Name of Entity: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business or Organization: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Business Structure:  Corporation  Limited Liability Company  S Corporation  Nonprofit Organization  
 Partnership  Limited Liability Partnership  Sole Proprietorship

**-POLICIES OR PROGRAMS DESIRED-**

Equipment

Auto

Other:

<input type="checkbox"/> Contingent Liability	<input type="checkbox"/> Contingent Liability	<hr/>
<input type="checkbox"/> Contingent Physical Damage	<input type="checkbox"/> Contingent Physical Damage	<hr/>
<input type="checkbox"/> Excess Liability	<input type="checkbox"/> Excess Liability	<hr/>
<input type="checkbox"/> Interim Physical Damage	<input type="checkbox"/> Interim Car Coverage	<hr/>

Proposed Length or Term of Policy: \_\_\_\_\_

**-GENERAL INFORMATION-**

Please explain all "YES" responses at the end of this section.

	YES	NO
1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will any of these subsidiaries or entities be included as an "Additional Insured" under the proposed policy(s)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the applicant currently have other policies or products through Premier Lease & Loan Services or Great American Insurance Group?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any policy or coverage been declined, cancelled or nonrenewed within the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

**Current Carrier Information**

Carrier			
Policy Number			
Policy Type			
Effective Dates	<i>from</i>	<i>to</i>	<i>from</i> <i>to</i> <i>from</i> <i>to</i>
Limits of Insurance			
Annual Premium			

Prior Carrier Information

Carrier			
Policy Number			
Policy Type			
Effective Dates	from                      to	from                      to	from                      to
Limits of Insurance			
Annual Premium			

Comments (attach additional page if necessary)

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*I hereby declare that all statements made in this application and individual coverage attachments are true and to the best of my knowledge correct. I understand that completion of this application does not constitute the binding of insurance and that Premier Lease & Loan Services reserves the right to request additional information as may be reasonably necessary.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title