

Rental Vehicle Certificate Insurance Request

Department _____ Contact Person _____

Phone # _____ Fax# _____ E-mail _____

Vehicle Information:

Make-Model _____

Year _____

Serial # _____

Replacement Value _____

Plate _____

Rental Dates _____ thru _____

(If rental is 6 months or more, you will be billed for the entire policy year)

Rental Company Contact Information:

Contact Name _____

Rental Company _____

Address _____

Phone # _____

Fax# _____

Agent requires 24 hours notice to obtain insurance certificates

If the Rental Company does not know the exact vehicle that will be leased, obtain the detailed information on any comparable vehicle and the certificate will read coverage for “any substitute vehicle”

There will be an insurance premium **charge** to your department for the rental, if the rental is **over 30 days**, or if the vehicle replacement value is **over \$30,000** for private passenger, and **over \$50,000** for a truck or if the gross vehicle weight (gvw) is **over 10,000 pounds**. Any premium charge will be billed at renewal in July.

Important: When picking up rental vehicles, inspect the vehicle for prior damage and notify rental company. When returning the vehicle, conduct a full inspection with rental personnel to identify any potential damage

Please send the information to: Insurance & Risk Management (IRM), Box 7521 or Fax to 515-1538
Contact IRM @ 515-6135 or 515-6124 (Effective Date 9/1/11)