

Paige - Ruane, Inc.
P. O. Box 10
Scottsville, VA 24590
(888) 800-7670 ♦ FAX (888) 721-7671

CONTINGENT INSURANCE FOR VEHICLES-Application

-Applicant Information-

Name of Entity: _____ FEIN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Primary Contact: _____ Title: _____ Email: _____

- Business Structure: Corporation Limited Liability Company S Corporation
 Partnership Limited Liability Partnership Sole Proprietorship

-Programs Desired-

- Contingent Liability with limits of _____ / _____ / _____
 Contingent Physical Damage with a limit of \$ _____ and a deductible of \$ _____ (per occurrence)
 Excess Liability with limits of _____
 Interim Car Coverage™ with liability limits of _____ / _____ / _____
 Interim Car Physical Damage Coverage a limit of \$ _____ and a deductible of \$ _____ (per occurrence)

-Portfolio Description-

Portfolio is: OPEN with ongoing originations or CLOSED with no new originations being added.

Has any part of the portfolio been purchased from another entity? _____ If YES, from whom? _____

Current Number of Active Accounts: _____ Anticipated Annual Growth: _____

Distribution of Portfolio by Credit Quality: A - _____ % B - _____ % C - _____ % D - _____ %

Default or Charge-Off Rate of Portfolio: _____ % of Total Portfolio Value and _____ % of Outstanding Leases

Percent of Outstanding Leases Classified as "Skips": _____ %

Types of vehicles comprising portfolio:

- Private Passenger Cars Medium Duty Trucks Heavy Trucks Buses
 Recreational Vehicles Trailers Other _____
 Network Transportation Companies (ie. UBER, LYFT)

ADDITIONAL INFORMATION:

1. Does the applicant or any of its affiliates or subsidiaries have an direct or indirect ownership interest in, or a management contract with, any vehicle dispatch company or Network Transportation Company?

2. Are there additional states in which the applicant plans on originating lease and/or loan agreements in? If so, please list.

3. Does the applicant use any type of lease or loan administration system or software? If so, please detail.

4. Is insurance verified prior to the customer taking possession of the auto? If yes, what is the process and requirements?

5. How does the applicant monitor the customer's compliance with any mandatory lease or loan agreement insurance requirement?

If this function is outsourced, please provide the name, address and phone number of the tracking vendor.

6. What percentage of the portfolio is currently in insurance default? _____

7. Describe the applicant's repossession policy for any lease and/or loan account in payment default.

8. Describe the applicant's collection and skip tracing standards and methods.

-General Information-

PLEASE EXPLAIN ALL "YES" RESPONSES TO THESE QUESTIONS

	YES	NO
1. Has the applicant become a subsidiary of another entity or has the applicant acquired any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any subsidiaries or entities required to be designated as "Additional Insureds" or "Loss Payees"?	<input type="checkbox"/>	<input type="checkbox"/>
2a) If yes, complete the attached Additional Insured/ Loss Payee supplement.		
3. Is (or has) the applicant originating leases in states not previously disclosed?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any changes occurred involving the applicant's insurance verification & tracking procedures?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the applicant the vendor or distributor of any of the leased vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the applicant perform any maintenance or repairs on the leased vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the applicant provide safety training or perform any safety inspections on the leased vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the applicant permit subleasing or lease assumptions?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the applicant rent vehicles (lease terms less than 366 days)?	<input type="checkbox"/>	<input type="checkbox"/>
10. In regards to INTERIM CAR COVERAGE™ only, have any changes occurred involving the handling of the leased vehicles once the applicant regains their possession?	<input type="checkbox"/>	<input type="checkbox"/>

Regarding **INTERIM CAR COVERAGE™** only:

- a. At the termination of a lease, where are the vehicles garaged? _____
- b. Are any of the vehicles garaged at an automobile dealership? _____
- c. On average, how long does it take to sell a vehicle once the lease has terminated?

- d. Other than test drives, are salesperson and/or employees permitted to use the vehicles for personal use?
_____ Yes _____ No

-Additional Remarks & Information-

Please Note: The following types of vehicles are ineligible for Contingent & Excess liability coverage: vehicles used to haul any combustible, flammable or explosive material;; vehicles used in any racing, speed, demolition, stunt activity;

In addition to this completed application form, the following information must be attached in order for a quote to be issued:

- Completed fleet distribution by state form (attached).
- A copy of the applicant's current lease agreement.
- Three years of carrier loss runs.

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 Paige-Ruane, Inc. reserves the right to request additional information as may be reasonably necessary.

Applicant's Signature	Date	Agent's Signature	Date
Title		Title	

Private Passenger Distribution

STATE		PPV
Alabama	AL	
Alaska	AK	
Arizona	AZ	
Arkansas	AR	
California	CA	
Colorado	CO	
Connecticut	CT	
Delaware	DE	
the District of Columbia	DC	
Florida	FL	
Georgia	GA	
Hawaii	HI	
Idaho	ID	
Illinois	IL	
Indiana	IN	
Iowa	IA	
Kansas	KS	
Kentucky	KY	
Louisiana	LA	
Maine	ME	
Maryland	MD	
Massachusetts	MA	
Michigan	MI	
Minnesota	MN	
Mississippi	MS	
Missouri	MO	
Montana	MT	
Nebraska	NE	
Nevada	NV	
New Hampshire	NH	
New Jersey	NJ	
New Mexico	NM	
New York	NY	
North Carolina	NC	
Norht Dakota	ND	
Ohio	OH	
Oklahoma	OK	
Oregon	OR	
Pennsylvania	PA	
Rhode Island	RI	
South Carolina	SC	
South Dakota	SD	
Tennessee	TN	
Texas	TX	
Utah	UT	
Vermont	VT	
Virginia	VA	
Washington	WA	
West Virginia	WV	
Wisconsin	WI	
Wyoming	WY	
TOTALS		

Bus Distribution

STATE		SCHOOL	SHUTTLE	CHARTER	TOUR	OTHER	
Alabama	AL						
Alaska	AK						
Arizona	AZ						
Arkansas	AR						
California	CA						
Colorado	CO						
Connecticut	CT						
Delaware	DE						
the District of Columbia	DC						
Florida	FL						
Georgia	GA						
Hawaii	HI						
Idaho	ID						
Illinois	IL						
Indiana	IN						
Iowa	IA						
Kansas	KS						
Kentucky	KY						
Louisiana	LA						
Maine	ME						
Maryland	MD						
Massachusetts	MA						
Michigan	MI						
Minnesota	MN						
Mississippi	MS						
Missouri	MO						
Montana	MT						
Nebraska	NE						
Nevada	NV						
New Hampshire	NH						
New Jersey	NJ						
New Mexico	NM						
New York	NY						
North Carolina	NC						
Norht Dakota	ND						
Ohio	OH						
Oklahoma	OK						
Oregon	OR						
Pennsylvania	PA						
Rhode Island	RI						
South Carolina	SC						
South Dakota	SD						
Tennessee	TN						
Texas	TX						
Utah	UT						
Vermont	VT						
Virginia	VA						
Washington	WA						
West Virginia	WV						
Wisconsin	WI						
Wyoming	WY						
TOTALS							

Truck Distribution

Gross Vehicle Weight in LBS:		Under 12,501 LBS	12,501 LBS to 25,000 LBS	25,000 LBS to 45,000 LBS	Over 45,000 LBS	N/A	N/A	N/A
STATE		Light	Medium	Heavy	Extra Heavy	Power Units or Tractors	Tankers	Trailers
Alabama	AL							
Alaska	AK							
Arizona	AZ							
Arkansas	AR							
California	CA							
Colorado	CO							
Connecticut	CT							
Delaware	DE							
the District of Columbia	DC							
Florida	FL							
Georgia	GA							
Hawaii	HI							
Idaho	ID							
Illinois	IL							
Indiana	IN							
Iowa	IA							
Kansas	KS							
Kentucky	KY							
Louisiana	LA							
Maine	ME							
Maryland	MD							
Massachusetts	MA							
Michigan	MI							
Minnesota	MN							
Mississippi	MS							
Missouri	MO							
Montana	MT							
Nebraska	NE							
Nevada	NV							
New Hampshire	NH							
New Jersey	NJ							
New Mexico	NM							
New York	NY							
North Carolina	NC							
Norht Dakota	ND							
Ohio	OH							
Oklahoma	OK							
Oregon	OR							
Pennsylvania	PA							
Rhode Island	RI							
South Carolina	SC							
South Dakota	SD							
Tennessee	TN							
Texas	TX							
Utah	UT							
Vermont	VT							
Virginia	VA							
Washington	WA							
West Virgninia	WV							
Wisconsin	WI							
Wyoming	WY							
TOTALS								