



**Additional Named Insured Application Form  
Rental Application**

**Driver Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Telephone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Professional License I.D. Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How many years have you been licensed to drive ANY vehicle? \_\_\_\_\_

Have you driven a PUBLIC AUTO (e.g. taxi, limo, or sedan) before?    Yes     No     If Yes, please list below:

	Start Date	End Date	Company	Insurance Company
1				
2				
3				

Please list ALL traffic accidents that you were involved in during the last three (3) years:

	Date	Location	Were you at fault?	Was anyone injured?
1				
2				
3				

I understand and agree that no coverage shall be provided under the policy for any occurrence unless the driver involved in the occurrence is named in the policy. Neither Amalgamated Risk Services nor any of its issuing carriers (including Amalgamated Casualty) assume any responsibility for verifying the qualification of any driver named in the policy. I understand and agree that no coverage will be provided for Personal Injury Protection ("PIP"), Uninsured Motorist ("UM"), Comprehensive or Collision coverage. I understand that Amalgamated Risk Services is the controlling producer of Amalgamated Casualty.

If the color scheme or insignia of a Taxicab, Limousine, Sedan Company or Association is displayed on my vehicle, I hereby authorize the management of the Taxicab, Limousine, Sedan Company or Association to bind and cancel coverage; to accept notices; and to make insurance premium payments on my behalf.

I hereby authorize the release of my driving record from any and all previous insurers to Amalgamated Risk Services and any of its issuing carriers (including Amalgamated Casualty). I hereby certify that all vehicles to be insured under the policy applied for shall be designed to carry seven or fewer individuals, including the driver. I further certify that all statements in this application are true and correct.

Date: \_\_\_\_\_ Signature (Lessee): \_\_\_\_\_

Fleet or Cab Association: \_\_\_\_\_ Cab #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Signature (Lessor): \_\_\_\_\_



## Lease Agreement

Lessor agrees that Lessee has access to the motor vehicle at all hours and has the right to establish his/her own working hours and places.

Lessee understands and agrees that the said Lessee is not an agent, servant or employee of the Lessor in connection with the operation of the motor vehicle described in the lease agreement, and he/she understands and agrees further that he/she is not engaged in a joint enterprise with the Lessor in connection with the operation of said motor vehicle.

Lessee understands and agrees that said motor vehicle shall not be driven by any other person except the said Lessee.

Lessee agrees that, in the use of said motor vehicle during the period of the lease, it is contemplated that it shall be used not to exceed twelve (12) hours out of each day of twenty-four (24) hours, and should Lessee make use of said motor vehicle in any one day of twenty-four (24) hours for more than twelve (12) hours thereof, Lessee shall pay to Lessor and increase in rental including insurance in proportion thereto.

Lessee agrees not to remove or in any manner alter any numbering, lettering or insignia displayed on said motor vehicle, and shall see that said motor vehicle is not subjected to careless or rough usage.

Lessee shall be liable for any and all parking violation fines, towing charges and storage charges which may be imposed with respect to the motor vehicle as a result of the Lessee's use or intended use.

Lessee agrees to pay or reimburse Lessor on return of said motor vehicle to Lessor for any breakage, shortage or damage to said motor vehicle beyond ordinary wear during the life of said motor vehicle.

Lessee agrees to pay or reimburse the Lessor sums which the Lessor shall become legally obligated to pay as damages because of personal injury, bodily injury or property damages caused intentionally by or at the direction of the Lessee.

Lessee agrees to comply with all Federal, County, State or Municipal laws governing the operation of said motor vehicle; and is expressly aware that he/she (Lessee) is responsible for payment of federal-employment taxes and understands that he/she (Lessee) is not within covered employment as defined by Worker's Compensation, Unemployment Compensation, Labor Relations or similar laws.

Lessee acknowledges that Lessee has examined said motor vehicle at the time of delivery to Lessee and has determined that the motor vehicle is in good and safe mechanical condition. Lessee further agrees that if a safety defect shall be discovered at any time, Lessee shall not operate said motor vehicle and shall notify the Lessor immediately.

This LEASE AGREEMENT may be renewed by the Lessee, unless otherwise stated by the Lessor, by remitting the applicable rental amount in advance.

The LEASE AGREEMENT may be terminated by the Lessor at any time without notice, and, upon termination, Lessee shall immediately return the motor vehicle to Lessor at Lessor's principal place of business. If the Lessee fails to return the motor vehicle as required, Lessor may take possession wherever found, and Lessee shall be liable for all expenses incurred by Lessor in recovering and repossessing the motor vehicle.

(Revised 7/19/16)