



983 Old Eagle School Road, Suite 616
 Wayne, PA 19087
 (800) 446-5950
 (610) 254-9890 Phone
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 www.triarcfs.com

Automobile Long-Term Lease Contingent Application

Total number (#) of autos you own under written agreement of one year or more where lessee must provide primary insurance	Cars & Light Comm'l	Medium/Heavy Comm'l (over 12,500 lbs. GVW)	Trailers
_____	_____	_____	_____

- Do you currently have Lessor's Contingent coverage? Yes No
 If yes, please provide the name of your current insurance company and expiration date _____

- Have there been any insured or uninsured contingent losses? Yes No
 Please give details (i.e. claim against the lessor because the lessee had no insurance coverage or inadequate coverage at the time of loss). *Attach separate sheet if necessary.* _____
- What is the term of lease? Minimum _____ months Maximum _____ months
Please attach a sample copy of entire lease agreement and loss history.
- Do you understand that vehicles leased for less than one year are not covered by Lessors Contingent Liability? _____
- Do you require lessee's insurer to give notice of cancellation or non-renewal? Yes No How many days? _____
- Do you understand that your lease agreement must require the lessee to provide a policy with limits of liability of not less than \$100,000 per person and \$300,000 per occurrence Bodily Injury and \$50,000 per occurrence Property Damage and include your interest as an insured? Yes No
- Is it your policy to promptly repossess a vehicle if the lessee fails to provide you with the insurance required by the lease agreement? Yes No Please explain _____
- Do you understand that it is your responsibility to maintain in your file a certificate of insurance from the lessee's insurer? Yes No
- Do you deliver vehicles for lease prior to receipt of the certificate of insurance? Yes No
 If so, please explain the follow-up procedure _____

- Do you understand you must track lessee coverage during the term of the lease or begin repossession proceedings if the lessee's insurance is cancelled, non-renewed, expired, or does not meet the insurance required by the lease agreement?
 Yes No If not, please explain _____

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11. Do you use the services of an independent insurance tracker? Yes No

If so, which company? _____

12. Are leases generated in dealerships? Yes No

If yes, is it your procedure to re-confirm the lessee's insurance prior to funding? Yes No

13. What percent of your leases are personal leases _____ % corporate leases _____ %

14. How many lease customers represent the total lease portfolio? _____

15. How many do you anticipate over the next 12 months? new leases _____ lease terminations _____

16. What % of your lessees are rated _____ % A credit _____ % B credit _____ % C credit _____ % D credit

17. Please indicate the actual **number** (and circle type, if applicable) of the following type leases that are in your portfolio:

a. Public or private livery (i.e. taxi, bus, limo service, elderly transportation) _____

b. Total Number of 12 -15 passenger vans _____

c. Motorcycles, driver training school vehicles, race cars _____

d. Professional or volunteer ambulances, emergency vehicles, police vehicles _____

e. Trucks in excess of 12,500 lbs. GVW or Trucker units _____

f. Autos leased for the purpose of rent, re-lease, or sub-lease _____

g. Lessees that self-insure their primary liability and/or physical damage _____

18. Please indicate the number of vehicles in each category:

	Cars/Lt Comm'l	Trucks x 12,500 lbs.	Trailers		Cars/Lt Comm'l	Trucks x 12,500 lbs.	Trailers		Cars/Lt Comm'l	Trucks x 12,500 lbs.	Trailers
AL				KY				ND			
AK				LA				OH			
AR				ME				OK			
AZ				MD				OR			
CA				MA				PA			
CO				MI				RI			
CT				MN				SC			
DE				MS				SD			
DC				MO				TN			
FL				MT				TX			
GA				NE				UT			
HI				NV				VT			
ID				NH				VA			
IL				NJ				WA			
IN				NM				WV			
IA				NY				WI			
KS				NC				WY			
TOTALS											

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Broker of Record Authorization — Please recognize Tri-Arc Financial Services, Inc. as the broker of record for our company for the purposes of quoting Lessors Contingent Insurance. The signing of this application does not bind the applicant or the Insurance Company to the insurance. It is agreed that the information contained herein shall be the basis of the contract should one be issued.

Producer _____
Name of Leasing Entity _____

Agency _____ By _____
Signature Required

Address _____ Address _____

Phone _____ Phone _____

Fax _____ Fax _____

Email _____ Email _____

Date _____ Contact Person _____



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Truck/Trailer Addendum — Contingent Application

COMPLETE THIS FORM ONLY IF COVERAGE IS NEEDED
FOR TRUCKS OVER 12,500 LBS. GROSS VEHICLE WEIGHT.

1. Describe the specific criteria used to qualify new lessees. Include detail on your requirements regarding financial strength, type of business and driver standards _____

2. What circumstances would cause you to be unwilling to lease a truck/trailer to a customer? _____

3. Please comment on why you believe a prospective lessee would choose your company as their truck/trailer leasing source _____

4. Please provide the actual number (#) of units in each weight category and radius groups:

A. WEIGHT

B. RADIUS

of medium (12,500 - 20,000 lbs. GVW) _____ # of Local (50 mi or less) _____

of heavy (20,001 - 45,000 lbs. GVW) _____ # of Intermediate (51-300 mi) _____

of extra heavy (over 45,000 lbs. GVW) _____ # of Long haul (over 300 mi) _____

of trailers (if any) _____

5. Please provide detailed description of use (as to facilitate same, you may provide a customer list with the goods hauled/ service provided and the number of trucks/trailers leased per customer) _____

6. What are the minimum limits of liability required from all truck/trailer lessees? _____

7. In addition to your leasing operation do you also rent vehicles? Yes No

If yes, please indicate the insurance carrier and the effective date of coverage for your rental operations _____

This application is understood to be an inducement to the issuance of a policy of insurance by company and applicant warrants that all answers to questions are true and correct to the best of applicant's knowledge and belief.

Leasing Company _____

Insured's Signature _____ Date _____



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Livery Addendum – Contingent Application

1. Total number of “livery” units in portfolio (a vehicle used to transport people whether for hire or not, i.e. limousines, van pool, airport shuttle, etc.) _____
2. Total number of 12 – 15 passenger vans _____
3. Please provide number of livery units by state of garaging (i.e. # in NJ, # in PA, # in CA) _____

4. Do any of the livery units represent school vans or school buses used to transport children? Yes No
If so, please provide details (how many, what size, etc.) _____

5. Please provide information regarding the radius of travel on the livery units _____

6. What limit of liability do you require the lessee to provide on the livery units? _____

7. How many lessees represent the total number of livery leases? _____
8. Please provide detailed description of use on the livery units _____

This application is understood to be an inducement to the issuance of a policy of insurance by company and applicant warrants that all answers to questions are true and correct to the best of applicant’s knowledge and belief.

Leasing Company _____

Insured’s Signature _____ Date _____



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Lessors Contingent Liability Questionnaire

Leasing Company _____

1. In what states does the applicant currently originate new lease agreements? _____

2. Are there additional states in which the applicant plans or originating lease agreements in? Yes No

If so, please list _____

3. Does the applicant use any type of lease administration system or software? Yes No

If so please detail _____

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

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

6. Does the applicant manufacture, assemble, install or modify any of the autos to be insured? Yes No

If so, please describe _____

7. Is the applicant the vendor or distributor of any of the autos to be insured? Yes No

8. Does the applicant perform any maintenance or repairs on the autos to be insured? Yes No

9. Does the applicant provide safety training or perform any safety inspections on the autos to be insured? Yes No

10. Does the applicant permit subleasing or lease assumptions? Yes No

11. Does the applicant rent autos (term less than 366 days)? Yes No If so, how many? _____

12. Please provide a list of all additional insureds _____

13. If requesting a quote for the Interim Car Coverage, please state if there is a Garage Liability Policy currently in place
